

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01863
Reg. Dist. No. 242

1. PLACE OF DEATH:

County Prince George's
City or town Capitol Heights, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 31 years
Hospital, institution, or street address where death occurred:
818 50th Ave

How long in hospital or institution?

3. (a) FULL NAME

George Washington Abbott

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Mauda Fern Abbott

7. Birth date of deceased (mo., day, yr.) Oct. 21, 1883

8. AGE: Years 64 Months 4 Days 29 If less than one day 13 hrs. 15 min.

9. Birthplace Durham
(Town, county, and state)

10. Usual occupation Steamfitter

11. Industry or business

12. Name George W. Abbott

13. Birthplace Unknown

14. Maiden name Unknown

15. Birthplace Unknown

16. Informant Mauda L. Abbott

Address Capitol Hgts, Md.

17. Burial (Burial, cremation, or removal Which?) Buried Date thereof Feb 21, 1948
(month) (day) (year)

Cemetery or crematory Cedar Hill

Location Highland, Maryland

18. Funeral director Robert A. Spratt

Address 131-110 SE Wash DC

19. Feb 20, 1948
(Date rec'd by registrar)

Carrie F. Campbell

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland
City or town Capitol Heights, Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No. 818-50th Ave
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH February 19, 1948 at 1:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 13, 1948 to Feb 19, 1948
and that I last saw him alive on Feb 17, 1948

Immediate cause of death Carcinoma of lower lip
Due to Heart failure & edema

Due to Heart failure & edema

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. A. Spratt

Seal of Registrar Feb 21, 1948

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 23 1943
BUREAU V S

Handwritten notes and signatures, including "Hocda" and "J. S. [illegible]".

RECEIVED
FEB 23 1943
BUREAU V S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 01864 2262

1. PLACE OF DEATH:

County Prince Georges

City or town Lanham Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State Maryland County Prince Georges

City or town Lanham Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No. Crown Road

(If rural, give LOCATION)

2(a) If veteran, name was World War I

3. (a) FULL NAME

Albert Howard Allen

3. (b) Social Security Number

4. Sex m

5. Color or race C

6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 9th, 1888

8. AGE: Years 65 Months 5 Days 13 If less than one day hrs. min.

9. Birthplace Lanham Md.

(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business General labor

12. Name Napoleon Allen

13. Birthplace Prince Georges

14. Maiden name Julia Poutee

15. Birthplace Prince Georges Co.

16. Informant Robert Johnson (Nephew)

Address Lanham, Md.

17. Burial Date thereof Feb 25-48

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Ebenezer Church

Location Lanham Md.

18. Funeral director Montgomery Bros.

Address 915 Florida N.W. Wash

Feb 22 19 48 Mrs Jack Bennett

(Date rec'd by registrar) D.C. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 22 19 48 at 7:50 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 17 19 48 to Feb 22 19 48

and that I last saw him alive on 25-28 19 48

Immediate cause of death Pneumonia

DURATION 7 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE H. J. Spiller M.D.

Address Brentwood Md

Date signed 2-22-48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

CERTIFICATE OF DEATH

STATE OF NEW YORK

RECEIVED

RECEIVED

RECEIVED
FEB 28 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

County Prince George
 City or town Cheverly
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 10 days
 Hospital, institution, or street address where death occurred:
Prince Georges Gen'l. Hosp.
 How long in hospital or institution? 10 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Pr. Geo.
 City or town Upper Marlboro
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Beall, Baby boy

3. (b) Social Security Number

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced S
 6.(b) Name of husband or wife _____
 7. Birth date of deceased (mo., day, yr.) 1-29-48 8.(c) If alive, give age _____ years
 8. AGE: Years _____ Months _____ Days 10 If less than one day _____ hrs. _____ min.

9. Birthplace Cheverly, Md.
(Town, county, and state)

10. Usual occupation _____

11. Industry or business _____

12. Name Beall, William Leo
 13. Birthplace Maryland
 14. Maiden name Mary Josephine Smith
 15. Birthplace Maryland

16. Informant Father
 Address Upper Marlboro, Md.

17. Buried Date thereof 4-9-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory St. Catharine's
 Location Upper Marlboro, Md.

18. Funeral director Patricia Brooks
 Address Upper Marlboro, Md.

19. 2/9 48 Amanda Downey
 (Date read by registrar) 19 _____ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-9 19 48 at 12:15a M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-29 19 48 to 2/9 19 48and that I last saw him alive on 2/9 19 48

Immediate cause of death Congenital heart disease - Atrial - ventricular shunt
 DURATION 10 d.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

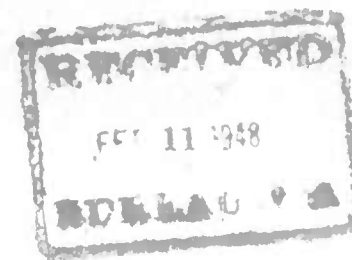
Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Shosun A. Chikuseu MD M. D. or other

Address College Park, Md Date signed 2/9/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County Prince Georges
 City or town Glenn Dale, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 mos., 23 days
 Hospital, institution, or street address where death occurred:
Glenn Dale Sanatorium
 How long in hospital or institution? 3 mos., 23 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State D. C. County _____
 City or town Washington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 415 - 3rd St. S. N. W.
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

George Benedict

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Louise Withers7. Birth date of deceased (mo., day, yr.) December 18, 1872

8. AGE: Years 75 Months 75 Days 2 If less than one day 10 hrs. _____ min. _____

9. Birthplace West Sulphur Springs, West Virginia
(Town, county, and state)10. Usual occupation Tree Surgeon

11. Industry or business _____

12. Name Ira Benedict
 13. Birthplace Rochester, New York

14. Maiden name Charlotte Allen
 15. Birthplace Lyons, New York

16. Informant Deceased

Address _____
 17. Burial Date thereof 3 3 48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Richmond, Va
 Location W W Chambers Co

18. Funeral director W W Chambers Co
 Address 1400 - Chapin St. N.W.

19. Mar 1, 1948 Registrar Rowland S. Phillips
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH February 28, 1948 at 9:15 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 9, 1947 to February 28, 1948
 and that I last saw him alive on February 28, 1948

Immediate cause of death Pulmonary Tuberculosis DURATION 5 months

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

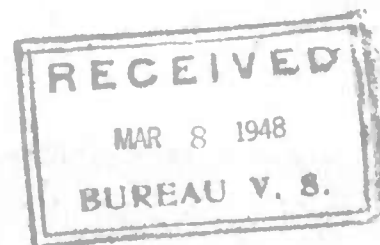
Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Daniel Leo Pinecone M.D. M. D. or other _____Address Glenn Dale, Md. Date signed 2/28/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01867

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

County Prince Georges
 City or town Landoner
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 4 months
 Hospital, institution, or street address where death occurred:
4836-69th Place
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Prince Georges
 City or town Landoner Hills
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 4836-69th Place
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

William Wilford Bergling

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife Lorena Bergling
 6. (c) If alive, give age 36 years
 7. Birth date of deceased (mo., day, yr.) Oct 29, 1909
 8. AGE: Years 35 Months Days It less than one day
 hrs. min.

9. Birthplace Hyattsville, Md.
 (Town, county, and state)
 10. Usual occupation Telephone Salesman
 11. Industry or business Telephone
 12. Name Sylvanus Bergling
 13. Birthplace Washington, D.C.
 14. Maiden name Ada Mae Woodward
 15. Birthplace Hyattsville, Md.

16. Informant Charles Bergling
 Address 3124 Parkway - Chevy Chase
 17. Burial Date thereof Feb 18, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Lincoln
 Location Washington D.C.
 18. Funeral director Joseph Jones
 Address Hyattsville Md.

19. 2/17/48 Registrar Amanda Downey
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH February 15, 1948 at 4:30 P.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 19 to 19

and that I last saw him alive on 19

Immediate cause of death

Coronary occlusion

Due to Cardiovascular renal disease

Due to

Other conditions Red salmonella with general peritonitis
 (Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James J. Ford M.D. or other

Address Forestville Md. Date signed 2-16-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 18 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. *93d*

01860
info

1. PLACE OF DEATH: Prince Georges
County.....
City or town..... College Park Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?..... 7 years
Hospital, institution, or street address where death occurred:
.....
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State..... Maryland..... County..... Prince Georges
City or town..... College Park Maryland
(If outside city or town limits, write RURAL and give nearest town)
Street No. 7512 Rhode Island ave.,
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME
Emma Virginia Blandy

3. (b) Social Security Number

4. Sex female
5. Color or race white
6. (a) Single, married, widowed, or divorced single
6. (b) Name of husband or wife.....
6. (c) If alive, give age..... years
7. Birth date of deceased (mo., day, yr.) April 17, 1862.
8. AGE: Years 85 Months Days If less than one day
..... hrs. min.

9. Birthplace..... Newark Delaware
(Town, county, and state)
10. Usual occupation Retired
Government Dept of Interior
11. Industry or business

12. Name Charles W. Blandy
13. Birthplace Delaware
14. Maiden name Mary E. Gray
15. Birthplace Virginia

16. Informant Mrs. C. P. Close
Address College Park Md.

17. Transportation Date thereof Feb. 21, 1948
(Burial, cremation, or removal, which?)
Cemetery or crematory St. James Stanton Cemetery
Location Newark Delaware

18. Funeral director F. Pascha Sons
Address Sykesville Md.

19. Date rec'd by registrar Feb 20 1948 James Henry Registrar

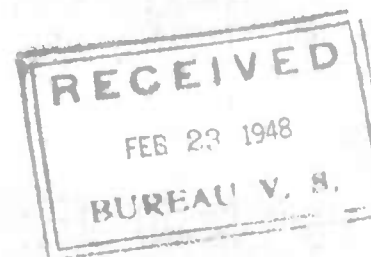
MEDICAL CERTIFICATION
20. DATE OF DEATH 19 FEB 48 at 12 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from NOVEMBER 47 to FEB 48
and that I last saw him alive on 18 FEB 48
Immediate cause of death Hypostatic
PULMONARY CONGESTION
DURATION
Congestive Heart Failure 2 mos.
Arteriosclerosis 15 yrs +
Other conditions.....
(Include pregnancy within 3 months of death)
Major findings of operations None
Autopsy results Not done
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of.....
Where did injury occur?..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury..... Injured at work?
23. SIGNATURE L. Etienne, M.D.
Berwyn, Md. Date signed 2-19-48
Address..... Date signed.....

MARGIN RESERVED FOR BINDING

VS A15 9-45:15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

01870

1. PLACE OF DEATH:

County Prince Georges
City or town Chesley
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 days
Hospital, institution, or street address where death occurred Prince Georges Hospital
How long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Prince Georges
City or town Mt. Rainier
(If outside city or town limits, write RURAL and give nearest town)
Street No. 3002 - Bunker Hill Rd
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Bowman, Baby David

3. (b) Social Security Number

4. Sex Male 5. Color or race W 6. (a) Single, married, widowed, or divorced Single
6. (b) Name of husband or wife
7. Birth date of deceased (mo., day, yr.) Sept 12 - 1947 8. (c) If alive, give age years
8. AGE: Years 5 Months 7 Days hrs. min.
If less than one day

9. Birthplace Chesley, Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Stanley Bowman
13. Birthplace Md.

MOTHER 14. Maiden name Dorothy Richards
15. Birthplace Va.

16. Informant Mrs. Dorothy Bowman
Address 3002 - Bunker Hill Rd -

17. Burial Date thereof 2-21-48
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Fort Lincoln Cemetery
Location Belmar Manor, Pr. Geo. Co Md

18. Funeral director Wm. J. Nalley
Address 3200 - R. I. Ave. Mt. Rainier, Md.

19. Feb 21 19 48 Amanda Downey
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 19 19 48 at 11:15 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1 19 47 to Feb 19 19 48
and that I last saw him alive on Feb 19 19 48

Immediate cause of death Postoperative shock DURATION 2 hr.

Due to Ventricular interstomy
Operation performed for internal Hydrocephalus [4/1/48 also]

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.

Autopsy results Same
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Samuel J. Nalley M. D. or other
Address Mt Rainier, Md Date signed Feb 19, 1948

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 25 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The doctor's age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 229

1. PLACE OF DEATH

County Ch. Geo. Co.
 City or town Bethesda
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 4 weeks
 Hospital, institution, or street address where death occurred:
Warren's Hosp. Land. Md.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Prin Geo Co
 City or town Bethesda
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 138 Garrett Ave
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Herbert Andrew Breen

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife Marjorie S. Breen
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Oct 7 - 1892
 8. AGE: Years 55 Months 3 Days 26 If less than one day _____ hrs. _____ min.

9. Birthplace Farmer
 Town, county, and state John T. Breen
 10. Usual occupation Ireland
 11. Industry or business John T. Breen
 12. Name Ireland
 13. Birthplace Farmers white
 14. Maiden name Andrew V. Breen
 15. Birthplace Bethesda Md

16. Informant Andrew V Breen Bethesda Md
 Address Bureau
 17. (Burial, cremation, or removal. Which?) 2/4/48
 Date thereof (month) (day) (year)
 Cemetery or crematory St. Lukes Church
 Location Wash. D.C.

18. Funeral director W.W. Hancock Co
 Address Princeton Md

19. Feb. 4 19 48 M. Brashear
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 3 19 48 at 3:30 P.

21. CERTIFY that death occurred on the date above stated; that I attended deceased from January 19 19 48 to February 3 19 48
 and that I last saw him alive on February 3 19 48

Immediate cause of death Chronic Myocarditis DURATION 7 years

Due to Coronary Thrombosis 7 yrs.

Due to arteriosclerosis 10 yrs.
Generalized

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Stephens MD.

M. D. or other

Address Laurel Md. Date signed 2/4/48

RECEIVED

FEB 6 1948

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

01872

CERTIFICATE OF DEATH

Reg. Dist. No. *245*

1. PLACE OF DEATH:

County *Prince George's County, Md.*
 City or town *Riverdale, Md. - Island Memorial Hospital*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? *11 days*
 Hospital, institution, or street address where death occurred:
Island Memorial Hospital - 4408 Queenstown Road, Riverdale, Md.
 How long in hospital or institution? *11 days*

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 City *Olney* County *Lancaster*
 City or town *Lancaster*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. *Rd. #1*
 (If rural, give LOCATION)
 2. (a) if veteran, name war ☒

3. (a) FULL NAME

Mr. Mark Stewart Brown

3. (b) Social Security Number

4. Sex *Male* 5. Color or race *White* 6. (a) Single, married, widowed, or divorced *Single*

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) *Dec. 26, 1870* 6. (c) if alive, give age _____ years

8. AGE: Years *77* Months *1* Days *14* It less than one day _____ hrs. _____ min.

9. Birthplace *Little Valley - New York (Twp -)*
 (Town, county, and state)

10. Usual occupation *Retired Farmer*

11. Industry or business

12. Name *Harace B. Brown*
 13. Birthplace *Not known*

14. Maiden name *Opelia Stewart Brown*
 15. Birthplace *Massfield, New York*

16. Informant *Cora A. Beresford (sister)*
 Address *6106 41st Ave. Hyattsville, Md.*

17. *Burial* Date thereof *Feb 10, 1948*
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory *Wildwood Cemetery*
 Location *Salamanea, New York*

18. Funeral director *W. W. Chambers Co*
 Address *5801 Cleveland Ave. Riverdale, Md.*

19. *Feb. 9, 1948* *Mrs. Jas. Severel*
 (Date rec'd by Registrar) (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH *Feb 9* 19 *48* at *12:05 P.M.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *Jan 5* 19 *48* to *Feb 9* 19 *48*
 and that I last saw him alive on *Feb 9* 19 *48*

Immediate cause of death *Cerebral Hemorrhage* DURATION *11 days*

Due to *General arteriosclerosis* *3 years*

Due to *Hypertension* *3 years*

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE *L. W. Malin, M.D.* M. D. or other
 Address *Riverdale, Md.* Date signed *2-9-48*

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 11 1948

BUREAU

Evidence for the change of
age is shown on
G 114 2/19/48

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

01873

932

1. PLACE OF DEATH:

County Prince George
City or town Hyattsville, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?
Hospital, institution, or street address where death occurred:
4903 Baltimore Ave.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George
City or town Hyattsville
(If outside city or town limits, write RURAL and give nearest town)
Street No. 4903 Baltimore Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Ida L. Broy

3.(b) Social Security Number

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Female White Widowed

6.(b) Name of husband or wife Edward C. Broy

7. Birth date of deceased (mo., day, yr.) August 27, 1859
6.(c) If alive, give age years

8. AGE: Years Months Days If less than one day
88 89 hrs. min.

9. Birthplace Frederick, Maryland
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name John L. Locke

13. Birthplace Unknown

14. Maiden name Matilda Mercer

15. Birthplace Unknown

16. Informant Mrs. Stella Scruggs

Address 3703 Webster St., Brentwood, Md.

17. Burial Date thereof Feb. 12, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Green Hill Cemetery

Location Berryville, Virginia

18. Funeral director Wm. J. Nalley

Address 3200 R.I. Ave., Mt. Rainier, Md.

19. Feb 21 1948 James Severy
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-9 1948 at 9:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1945 to 2-9 1948
and that I last saw h u alive on 2-8 1948

Immediate cause of death

Myocarditis

DURATION

1 1/2

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of injury Injured at work?

23. SIGNATURE James Severy M. D. 2-1-48

Address Hyattsville, Md Date signed 2-1-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

671047 80 100



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully; the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County..... Prince Georges
 City or town..... Glenn Dale, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 2 yrs., 10 mos., 27 days
 Hospital, institution, or street address where death occurred:
Glenn Dale Sanatorium
 How long in hospital or institution?..... 2 yrs., 10 mos., 27 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... D. C. County.....
 City or town..... Washington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 1508 - 9th St., N. W.
 (If rural, give LOCATION)
 2. (a) If veteran, name war.....

3. (a) FULL NAME

ELIZABETH BURWELL

3. (b) Social Security Number

4. Sex <u>Female</u>	5. Color or race <u>Negro</u>	6. (a) Single, married, widowed, or divorced <u>Single</u>		
6. (b) Name of husband or wife..... <u>-</u>				
7. Birth date of deceased (mo., day, yr.) <u>August 14, 1914</u>				
8. AGE: Years <u>33</u>	Months <u>33</u>	Days <u>6</u>	If less than one day <u>11</u> hrs. <u>min.</u>	
9. Birthplace..... <u>Granville, North Carolina</u> (Town, county, and state)				
10. Usual occupation..... <u>Housekeeper</u>				
11. Industry or business..... <u>-</u>				
FATHER	12. Name..... <u>Junius Burwell</u>			
	13. Birthplace..... <u>Granville, North Carolina</u>			
MOTHER	14. Maiden name..... <u>Mary Hargrove</u>			
	15. Birthplace..... <u>Vance, North Carolina</u>			

16. Informant..... Deceased

Address.....

17. Removal
(Burial, cremation, or removal. Which?)Date thereof..... 2/27/48
(month) (day) (year)

Cemetery or crematory.....

Location..... Washington - D. C.18. Funeral director..... Robert H. McQuinnAddress..... 1820 - 9th St. N. W. Wash, D. C.19. Feb 27, 1948 Rowland S. Phillips
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Feb 25 1948 at 2:55 P
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
March 27 1945 to Feb 25 1948
 and that I last saw him/her..... alive on Feb 25 1948
 Immediate cause of death..... Primary Tuberculosis
 DURATION 3 yrs
 Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)
 Major findings of operations.....
 Date of op.....
 Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....
 Where did injury occur?.....
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?

23. SIGNATURE..... Daniel Leo Finucane MD
 M. D. or other.....
 Address..... Glenn Dale Md. Date signed 2/25/48

RECEIVED

MAR 2 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

01875

234

1. PLACE OF DEATH:

County Prince George'sCity or town Axon Hill
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 year
Hospital, institution, or street address where death occurred:6300 Brinkley Road

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George'sCity or town Axon Hill
(If outside city or town limits, write RURAL and give nearest town)Street No. 6300 Brinkley Road
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Marcellus Butler

3.(b) Social Security Number

4. Sex

male

5. Color or race

Colored

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) December, 1867
6.(c) If alive, give age years

8. AGE:

80

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Maryland
(Town, county, and state)

10. Usual occupation

Seaman

11. Industry or business

Farm

MOTHER FATHER

12. Name

John Francis Butler

13. Birthplace

Maryland

14. Maiden name

Mary Jane Butler

15. Birthplace

Maryland

16. Informant

Mary Jane

Address

6300 Brinkley Road, Axon Hill, Md

17.

Burial

Date thereof

Feb 7, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

St. Ignace Church
near Axon Hill P.O. Co. Ind.

18. Funeral director

F. Cascha, son

Address

Seaford, Del.

19.

2/648Amanda J. Davis

(Date rec'd by registrar)

19

48

Mrs. Allen Davis

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Feb 4

19

48 at 12:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19

19

19

and that I last saw him alive on

19

Immediate cause of death

Coronary heart failure

DURATION

Due to

Cardiovascular renal disease

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Deputy Medical Examiner

M. D. or other

Address

Freshville, Md

Date signed

2-4-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 14 1948

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Make correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

01875

245

1. PLACE OF DEATH:

County... Prince George
 City or town... Hyattsville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 yrs 3 mos
 Hospital, institution or street address where death occurred:
 Mother Jones Rest Home
 How long in hospital or institution? 2 yrs & 3 mos

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Md County... Prince George
 City or town... Mt Rainier
 (If outside city or town limits, write RURAL and give nearest town)
 Street No... 3413 Rhode Island
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Matthew Clark Caldwell, sr

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Elizabeth Caldwell

7. Birth date of deceased (mo., day, yr.)

May 10, 1860.

6. (c) If alive, give age... years

8. AGE:

87

9

17

If less than one day

hrs.

min.

9. Birthplace

Clearfield, Pa
 (Town, county, and state)

10. Usual occupation

Lumberman

11. Industry or business

FATHER

12. Name

Rubin Caldwell

13. Birthplace

Pa

MOTHER

14. Maiden name

unknown

15. Birthplace

Pa

16. Informant

John Caldwell

Address

Mt Rainier Md.

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Clarion

Location

Pennsylvania

18. Funeral director

F. Gasche's sons

Address

Hyattsville Md.

Feb 28 1948
 (Date rec'd by registrar)

James Severy
 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Feb 27 1948 at 3:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

10/21/47 to 2/27/48

and that I last saw him alive on

2/27/48

Immediate cause of death

Pneumonia

DURATION

3 days

Due to

Due to

Cardiovascular disease
 General arteriosclerosis

9 mos

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Howard Thome Md
 28 Carroll Ave
 Address... Takoma Park, Md. Date signed 2/27/48

RECEIVED

MAR 1 1948

BUREAU V. S.

11

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01877

Reg. Dist. No. 243

1. PLACE OF DEATH:

County..... Prince Georges
 City or town..... Glenn Dale, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 12 days
 Hospital, institution, or street address where death occurred:
 Glenn Dale Sanatorium
 How long in hospital or institution?..... 12 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State..... D. C. County.....
 City or town..... Washington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... 13 Nayles Court, N. W.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

ALICE CARTER

3. (b) Social Security Number

4. Sex

Female

5. Color or race

Negro

6. (a) Single, married, widowed, or divorced

Separated

6. (b) Name of husband or wife

William Carter

7. Birth date of deceased (mo., day, yr.)

November 10, 1900

6. (c) If alive, give age

48 years

8. AGE:

Years

Months

Days

If less than one day

47

47

3

15

hrs.

min.

9. Birthplace

Washington, D. C.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

-

FATHER

12. Name

George Jackson

13. Birthplace

? Virginia

MOTHER

14. Maiden name

Cecelia Sewell

15. Birthplace

Charles City, Maryland

16. Informant

Deceased

Address

17.

Removal
(Burial, cremation, or removal. Which?)Date thereof 2/25/48
(month) (day) (year)

Cemetery or crematory

Location

For Washington

18. Funeral director

Mr. Givens Funeral Service

Address

1820 - 9th N.W.

19.

Feb - 25, 1948
(Date rec'd by registrar)Rowland C. Phillips
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Feb 25 1948 at 12:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 12 1948 to Feb 25 1948
and that I last saw him alive on Feb 25 1948

Immediate cause of death

Pulmonary Tuberculosis

DURATION

4 mos.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Daniel Leo Pinneane M.D.
M. D. or other
Address..... Glenn Dale Md. Date signed 2/25/48

RECEIVED

MAR 2 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and accurately.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01878

Reg. Dist. No. 231

1. PLACE OF DEATH:

County Prince Georges
 City or town Cherry, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? _____
 Hospital, institution, or street address where death occurred:
Prince Georges Gen Hospital
 How long in hospital or institution? 13 hrs. 5 min.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges
 City or town Bladensburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 4105-51st St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Coates Baby Girl

3. (b) Social Security Number

4. Sex F. 5. Color or race W. 6. (a) Single, married, widowed, or divorced S
 6. (b) Name of husband or wife _____
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Feb. 11, 1948
 8. AGE: Years _____ Months _____ Days _____ If less than one day 13 hrs. 5 min.

9. Birthplace Cherry, Pr. Georges, Md.
 (Town, county, and state)

10. Usual occupation _____

11. Industry or business

12. Name James D. Coates
 13. Birthplace Md.
 14. Maiden name Helen Hardwick
 15. Birthplace Va.

16. Informant Hospital Records
 Address _____

17. Burial Date thereof Feb. 14, 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory St. Lincoln
Washington H.C.
 Location _____

18. Funeral director F. G. Schaefer
 Address Leesville, Md.

19. Feb. 14 1948 Amanda W. Brown
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 12 1948 at 7:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/12 1948 to 2/12 1948
 and that I last saw her alive on 2/12/1 1948

Immediate cause of death _____ DURATION _____
Pulmonary atelectasis
 Due to Cleft palate & respiratory
obstruction.
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____
 Autopsy results Cerebral hemorrhage - Durae
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE Francis Warner, M.D. M. D. or other _____
 Address 1746 - K St N.W. Date signed 2/12/48

RECEIVED

FEB 17 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 518721

1. PLACE OF DEATH:

County Prince George
 City or town Seat Pleasant
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? one and half years.
 Hospital, institution, or street address where death occurred:
508 68th Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Pr Geor Co
 City or town 508 - 68th Street
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Seat Pleasant Md
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Scott Barrett Cockrell

3. (b) Social Security Number

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Blanche Cockrell6. (c) If alive, give age 66 years

7. Birth date of

deceased (mo., day, yr.)

April 6 1869

8. AGE:

Years

78

Months

Days

If less than one day

.....hrs.min.

9. Birthplace

Macon, Noxbee Co., Miss.

(Town, county, and state)

10. Usual occupation

Cotton Farmer

11. Industry or business

Own Farm

FATHER

12. Name

Mose Cockrell

13. Birthplace

Miss.

MOTHER

14. Maiden name

Myrelia Williams

15. Birthplace

Miss

16. Informant

Mrs Blanche Dann

Address

508 - 68th Street Seat Pleasant Md17. Burial

(Burial, cremation, or removal, Which?)

Date thereof

Feb. 15, 48

(month) (day) (year)

Cemetery or crematory

Location

Washington D.C.

18. Funeral director

W. V. Chambers Co.

Address

512-11th St. S.E.19. Feb. 15 -

19. 48

(Date rec'd by registrar)

Carrie F. Campbell

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Feb 15 1948 at 10:45 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 19 1946 to Feb 15 1948

and that I last saw him alive on

Oct 15 1948

Immediate cause of death

Carcinoma of prostate

DURATION

2 yrs

Due to

Due to

Other conditions

Metastatic Carcinoma
pelvis, Cervical vertebrae

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. S. Pittman M.D.

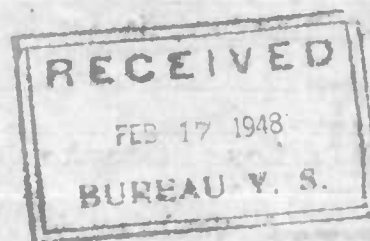
M. D. or other

Address

6906 Vulture Road SE

Date signed

Feb 15 1948



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

01889

240

1. PLACE OF DEATH:

County Prince George's
 City or town Brandywine
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 6 months
 Hospital, institution, or street address where death occurred:
Floral Park Piscataway Road
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George's
 City or town Brandywine
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Floral Park Piscataway Road
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Marie Elizabeth Cotten

3. (b) Social Security Number

4. Sex Female 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) June 23, 1943

8. AGE: Years 4 Months Days If less than one day
 hrs. min.

9. Birthplace Washington, D.C.
 (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Frederick Charles Cotten
 13. Birthplace Washington, D.C.

MOTHER 14. Maiden name Elizabeth E. Breckenridge
 15. Birthplace Ohio

18. Informant Frederick C. Cotten
 Address 509 21st Street N. E., Washington, D.C.

17. Burial Date thereof Feb 24, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Lincoln Cemetery
 Location Dist of Columbia

18. Funeral director Ralph Barbour
 Address 46-N St. N.E.

19. Feb 22 19 48 F. H. Billingsley
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 21, 1948 at 6:00P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
19..... to19.....
 and that I last saw him.....alive on19.....

Immediate cause of death Toxemia DURATION

Due to Bronchopneumonia

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

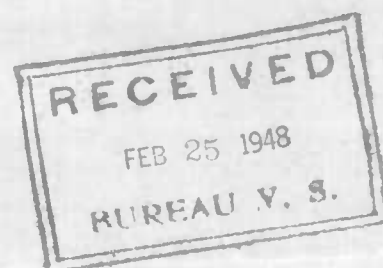
Means of injury Injured at work?

Deputy Medical Examiner

23. SIGNATURE James D. Boyd M. D. or other

Address Forestville, Md. Date signed 2/22/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



Evidence for changes in year of birth
 & additions, shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01881

FILM No. G 114 MAR 4 1948

CERTIFICATE OF DEATH

47c

Reg. Dist. No. 231

1. PLACE OF DEATH:

County... Prince Georges County
 City or town... Cheverly
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 day
 Hospital, institution, or street address where death occurred:
 Prince George's General Hospital
 How long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State... Maryland County... Prince Georges
 City or town... Hyattsville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 5304 - 42nd Avenue
 (If rural, give LOCATION)
 2.(a) If veteran, name war...

3. (a) FULL NAME

Ralph N. Couch

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Mary I. Couch
 7. Birth date of deceased (mo., day, yr.) November 25, 1889 1890
 8. AGE: Years 57 Months 3 Days 20 it less than one day hrs. min.

9. Birthplace Ohio
 (Town, county, and state)

10. Usual occupation Writer

11. Industry or business

12. Name Ruth Couch
 13. Birthplace Wallington, Ohio
 14. Maiden name Mary Elizabeth Lykes
 15. Birthplace Ashtabula, Ohio

16. Informant Mary I. Couch
 Address 5304 - 42nd Ave., Hyattsville, Md.

17. Burial, cremation, or removal, Which? Cremation Date thereof Feb. 24, 1948 (month) (day) (year)
 Cemetery or crematory Lee's Crematorium
 Location North D.C.

18. Funeral director Wm. Lee's Sons & Co.
 Address 300 - 4th N.E. - D.C.

19. Date rec'd by registrar 2/23/48 Amanda Droney Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 23 February 1948 at 9:05 AM
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 11, 1948, to Feb. 23, 1948, and that I last saw him alive on Feb. 23, 1948.

Immediate cause of death Bronchial Epithelioma DURATION

Due to...
 Due to...

Other conditions Empyema lower left with bronchial obstructions.
 (Include pregnancy within 8 months of death)

Major findings of operations... Date of op...

Autopsy results...
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide... Date of...
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE [Signature] M. D. or other
 Address (A. Dietz, M.D.) Hyattsville, Md. Date signed

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 25 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

County Prince George's
City or town Cheverly, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 20 days
Hospital, institution, or street address where death occurred:
Prince George's General Hospital
How long in hospital or institution? 20 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George's
City or town Hillside
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2. (a) If veteran, name war _____

3. (a) FULL NAME

George D. Crosby

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
6. (b) Name of husband or wife Oct. 19, 1862
7. Birth date of deceased (mo., day, yr.) Oct. 19, 1862
8. AGE: Years 85 Months _____ Days _____ It less than one day _____ hrs. _____ min. _____
6. (c) If alive, give age 85 years

9. Birthplace Maryland (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business _____
12. Name Unknown
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown

16. Informant Prince George's Hospital Records
Address Cheverly, Md.

17. Burial Feb 24, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Mt. Zion Cemetery
Location Mt. Zion Maryland
F. Gasch's Sons

18. Funeral director F. Gasch's Sons
Address Hyattsville Md.

19. 2/24 48 Amanda Downey
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 20 48
19 _____ at 11:50 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____ to _____ 19 _____
and that I last saw him alive on _____ 19 _____

Immediate cause of death Congestive heart failure

Due to Hypostatic pneumonia

Due to Fracture of the left hip.

Other conditions B Coli infection of the hip

(Include pregnancy within 8 months of death)

Major findings of operations Hip nail and plating

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of 1/31/48

Where did injury occur? Hillside P. G. Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Public Street
Means of injury Slipped on ice & fell Injured at work? (4/6/45 - a.s.)

Deputy Medical Examiner James J. [Signature]

23. SIGNATURE James J. [Signature] D. or other _____
Address Forestville, Md. Date signed 2/21/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 25 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13/a

01883

CERTIFICATE OF DEATH

Reg. Dist. No. 240

1. PLACE OF DEATH:

County Prince George'sCity or town North Keys
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Rosa Lee Cross

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

widowed

8. (b) Name of husband or wife

James Peter Cross

7. Birth date of deceased (mo., day, yr.)

February 17-1872.

6. (c) If alive, give age years

8. AGE:

76 Years 0 Months 11 Days 11 hrs. min.

9. Birthplace

Cedarville, Md.
(Town, county, and state)

10. Usual occupation

at home

11. Industry or business

not known

FATHER

12. Name not known13. Birthplace "

MOTHER

14. Maiden name "15. Birthplace "

16. Informant

Mrs. Dorothy L. CrossAddress Brandywine, Md.17. Burial Date thereof Mar. 3-48

(Burial, cremation, or removal, which?)

(month) (day) (year)

Cemetery or crematory EmmanuelLocation Wheatland, Md.18. Funeral director Witcher Bros.Address Upper Marlboro, Md.19. Mar. 1 19 48 F. H. Bolling

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George'sCity or town North Keys, near Brandywine
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb - 28 19 48 at 12 15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

81-23 19 47 to 2-128 19 48and that I last saw him alive on 21-28 19 48

Immediate cause of death

Myocardial
decompensation

Due to

Cardio-Vas. Renal Dis.

Due to

Remedy

Other conditions

DURATION

years

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Wm. D. Waver, M.D. M. D. or other 3-28/48Address Waldorf, Md Date signed

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 3 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

01884

242

1. PLACE OF DEATH:

County Prince Georges
 City or town Freshville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 4 months
 Hospital, institution, or street address where death occurred
5134 Forestall Road
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Prince Georges
 City or town Freshville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 5134 Forestall Rd
 (If rural, give LOCATION)
 2. (a) If veteran, name war.

3. (a) FULL NAME

William Bishop Cryer

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife Martha L Cryer
 7. Birth date of deceased (mo., day, yr.) April 24, 1873 8. (c) If alive, give age 74 years
 8. AGE: Years 74 Months 10 Days 5 It less than one day hrs. min.

9. Birthplace Maryland
 (Town, county, and state)
 10. Usual occupation Retired
 11. Industry or business Guard
 12. Name William
 13. Birthplace Wichman
 14. Maiden name Wichman
 15. Birthplace Wichman

16. Informant William Walter Cryer
 Address 5134 Forestall Rd, Freshville
 17. Burial Burial Date thereof Mar. 3 - 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory St. Joseph Cemetery
 Location Morgans St. Marys Co. Md
 18. Funeral director James S. Ryan, Inc
 Address 317 Pa Ave. S.E.
 19. Feb 29 - 48 Edna F Collins
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 29 1948 at 5-24
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 21 1948 to Feb 29 1948
 and that I last saw him alive on Feb 1, 1948

Immediate cause of death acute congestive heart failure
 Due to cardiovascular renal disease
 Due to

DURATION

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

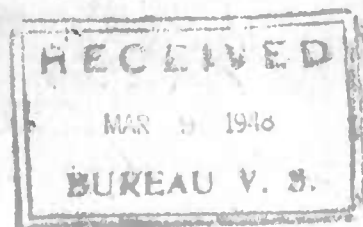
Manner of injury Injured at work?

23. SIGNATURE James S. Ryan M. D. or otherAddress Freshville Md Date signed 2-29-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



01885

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH 97

Reg. Dist. No. 245

1. PLACE OF DEATH:

County... Prince George

City or town... Brentwood
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Prince George

City or town... Brentwood
(If outside city or town limits, write RURAL and give nearest town)Street No. 3810 - Bunkerhill Road
(If rural, give LOCATION)

2(a) If veteran, name war

3. (a) FULL NAME

Isabelle Libran Darling

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife... Charles A. Darling

7. Birth date of deceased (mo., day, yr.) August 3, 1858

8. AGE: Years Months Days It less than one day
89 hrs. min.9. Birthplace... Oxford, Pa.
(Town, county, and state)

10. Usual occupation... None

11. Industry or business

12. Name... Wm. Hudders

13. Birthplace... England

14. Maiden name... Mary Y

15. Birthplace... Unknown

16. Informant... Florence I. Darling

Address 3810 Bunkerhill Rd.

17. Burial Date thereof March 2, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory... Glenwood

Location... Washington, D.C.

18. Funeral director... William J. Nalley

Address 3200 Rhode Is. Ave., Mt. Rainier, Md.

19. March 2, 1948 Mrs. Jas. Severe
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... February 29, 1948 at 8:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
August 2, 1947 to Feb. 29, 1948
and that I last saw her alive on Feb. 28, 1948

Immediate cause of death

Natural causes due to advanced age

Due to... Generalized ARTERIOSCLEROSIS
Hypertension

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Signature D. S. Blayman, M.D.

Address 4118 30th St. Mt. Rainier, Md.

23. SIGNATURE Date signed 2/29/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15 T

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 4 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County Prince Georges
City or town Glenn Dale, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 8 days
Hospital, institution, or street address where death occurred:
Glenn Dale Sanatorium
How long in hospital or institution? 8 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State D. C. County _____
City or town Washington
(If outside city or town limits, write RURAL and give nearest town)
Street No. 128 Virginia Ave., S. W.
(If rural, give LOCATION)
2.(a) It veteran, name war _____

3. (a) FULL NAME

DAVIS SYLVIA E.

3. (b) Social Security Number

4. Sex Female 5. Color or race Negro 6. (a) Single, married, widowed, or divorced Married
6. (b) Name of husband or wife Leroy Davis
6. (c) It alive, give age 30 years
7. Birth date of deceased (mo., day, yr.) December 11, 1928
8. AGE: Years 19 Months 19 Days 2 It less than one day 2 hrs. _____ min.

9. Birthplace Washington, D. C.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business _____
12. Name John Francis Gray
13. Birthplace Washington, D. C.
14. Maiden name Ernestine Patterson
15. Birthplace Washington, D. C.

16. Informant Deceased
Address _____
17. Removal Date thereof Feb. 14, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory to Washington, D. C.
Location Wm. T. Tolbert - 61
18. Funeral director 1308 - 6 st on W.
Address _____
19. Feb. 14, 1948 Rowland L. Phillips
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Febr. 13 19 48 at 640 p.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/4 19 48 to 2/13 19 48
and that I last saw him alive on 2/13 19 48

Immediate cause of death pulmonary tuberculosis DURATION 2 mos.

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings of operations _____
Date of op. _____
Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: It death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work? _____

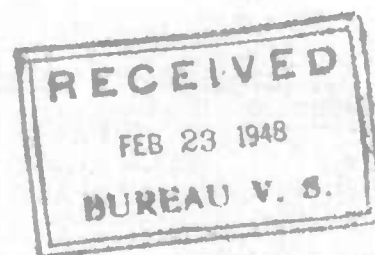
23. SIGNATURE Daniel Leo Finicag MD M. D. or other _____
Address Glenn Dale, Md. Date signed 2/13/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

180

01887

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

County Prince George'sCity or town Brown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George'sCity or town Brown
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Rose Mae Deadwyle

3. (b) Social Security Number

4. Sex

Female

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.) August 16, 1927

8. AGE:

20 Years6 Months6 Days

If less than one day

_____. hrs. _____. min.

9. Birthplace

Washington, D.C.

(Town, county, and state)

10. Usual occupation

None

11. Industry or business

FATHER

12. Name

William Deadwyle Sr.

13. Birthplace

Atlanta, Ga.

MOTHER

14. Maiden name

Essie M. Sayles

15. Birthplace

Georgia

16. Informant

William Daedwyle

Address

111 N Street S. W., Washington17. Removal

(Burial, cremation, or removal. Which?)

Date thereof

2-23-48
(month) (day) (year)

Cemetery or crematory

Brookes Funeral Home

Location

Washington, D.C.

18. Funeral director

F. Gasch's Sons

Address

Hyattsville, Ind.19. 2/23/48

(Date rec'd by registrar)

19. 48Amanda Doney
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 22, 1948, at 6:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

_____ to _____

and that I last saw him _____ alive on _____

DURATION

Immediate cause of death

ShockDue to Universal charring burns of the entire body

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operation _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

D.C.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide AccidentDate of 2/23/48

Where did injury occur?

BrownP. G.Md.

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) Home

Means of injury

In home that burned to the groundDeputy medical Examiner James D. Jones

23. SIGNATURE

M. D. or other

Address Forestville, Md.Date signed 2/23/48

RECEIVED

FEB 25 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

180

01888

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

County Prince George's
City or town Brown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George's
City or town Brown
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war.

3.(a) FULL NAME

William Deadwyle Jr

3.(b) Social Security Number

4. Sex

Male

5. Color or race

Colored

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife

6.(c) If alive, give age. years

7. Birth date of deceased (mo., day, yr.)

December 21, 1932

8. AGE:

15 Years2 Months1 Days

It less than one day

hrs. min.

9. Birthplace

Washington, D.C.

(Town, county, and state)

10. Usual occupation

None

11. Industry or business

FATHER

12. Name

William Deadwyle Sr

13. Birthplace

Atlanta, Ga.

MOTHER

14. Maiden name

Essie Mae Sayles

15. Birthplace

Georgia

16. Informant

William Deadwyle

Address

111 N Street S. W., Washington,

17.

(Burial, cremation, or removal? Which?)

Date thereof

2-23-48
(month) (day) (year)

Cemetery or crematory

Brookes Funeral Home

Location

Washington, D.C.

18. Funeral director

Address

F. Maschi's Sons
Hyattsville, Md.

19.

(Date rec'd by registrar)

2/23 48Amanda Dorney
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 22, 48 at 6:00A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. to 19.

and that I last saw him alive on 19.

Immediate cause of death

Shock

DURATION

Due to

Universal charring burns
of the entire body

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 2/22/48Where did injury occur Brown Pr. Geo. Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

HomeMeans of injury In house that burned down

Deputy Medical Examiner

23. SIGNATURE

James J. [Signature]
Forestville, Md.M. D. of 2/23/48

Address Date signed

RECEIVED

FEB 25 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

01889

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

County..... Prince Georges

City or town..... Riverdale

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 13 1/2 Hrs.

Hospital, institution, or street address where death occurred:

Singer Island Memorial Hospital

How long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Dist. of Columbia County..... -

City or town..... Washington

(If outside city or town limits, write RURAL and give nearest town)

Street No..... 1616 E St., S. E.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Mrs. Lucy Catherine Decatur

3. (b) Social Security Number

None

4. Sex..... Female

5. Color or race..... white

6.(a) Single, married, widowed, or divorced..... married

6.(b) Name of husband or wife..... William Franklin Decatur

6.(c) If alive, give age..... 75 years

7. Birth date of deceased (mo., day, yr.)..... Dec. 31, 1875

8. AGE: Years..... 72 Months..... 1 Days..... 26

If less than one day..... hrs. min.

9. Birthplace..... Stafford Co., Virginia

(Town, county, and state)

10. Usual occupation..... Hswf.

11. Industry or business..... -

12. Name..... Strother Alexander Shackelford

13. Birthplace..... Virginia

14. Maiden name..... Elizabeth - Mohoney

15. Birthplace..... Virginia

16. Informant..... Mrs. Edith M. Kendall-Daugh.

Address..... 1808 Bay St., S. E., Wash., D. C.

17. Cause of death..... Removal Date thereof..... 26 Feb 1948

(Burial, cremation, or removal. Which?)..... (month) (day) (year)

Cemetery or crematory..... Bethesda, Md.

Location..... Bethesda, Md.

18. Funeral director..... Mrs. Reuben Pumphrey

Address..... Bethesda, Md.

19. Date rec'd by registrar..... 4 Feb 26 1948

(Date rec'd by registrar)..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Feb. 26 1948 at 1:34 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1 1948 to Feb 26 1948

and that I last saw her alive on Feb 25 1948

Immediate cause of death..... multiple cerebral aneurysms

Due to..... cerebral arteriosclerosis

Due to.....

Other conditions..... secondary anemia

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... Amy G. Hally

Address..... 1201 4th St. Date signed..... Feb 26 48

M. D. or other

Date signed..... Feb 26 48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 27 1948

BUREAU V. S.

[Faint handwritten notes and signatures are visible below the stamp.]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

01890

1. PLACE OF DEATH:

County Prince GeorgesCity or town Brindale, Maryland
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 4 days

Hospital, institution, or street address where death occurred:

Eugene Heland Memorial HospitalHow long in hospital or institution? 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Washington County D.C.City or town Washington
(If outside city or town limits, write RURAL and give nearest town)Street No. 121 5th St. S.E.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Mrs. Leanna Dial

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

C.C. Dial

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 5TH, 1867

8. AGE:

Years

Months

Days

If less than one day

81023

hrs.

min.

9. Birthplace

McLeanboro, Ill. (Hamilton)
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Farmer.

FATHER

12. Name

William Mansell

13. Birthplace

Tennessee

MOTHER

14. Maiden name

Judy Ventress

15. Birthplace

Tennessee, Columbia

16. Informant

Mrs. Lena Bingman

Address

121 5th St. S.E. Wash. D.C.

17. Disposition

Interment
(Burial, cremation, or removal. Which?)

Date thereof

March 21, 1948
(month) (day) (year)

Cemetery or crematory

Tennile cemetery McLeanboro

Location

Ill.

18. Funeral director

J. P. Lee Sons Co

Address

300 4th St N.E. D.C.

19. Date rec'd by registrar

Feb. 29, 1948Mrs. Jas. Severe
(Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 28 19 48 at 7:35 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 24, 1948 to Feb. 28, 1948and that I last saw him alive on Feb. 28, 1948

Immediate cause of death

Uremia

DURATION

2 wks.

Due to

Nephrosclerosis? years

Due to

Essential hypertension? years

Other conditions

Cerebral Vascular accident (hemorrhage)
(Include pregnancy within 3 months of death)4 days

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

H. P. Schaffenberg, Jr., M.D.Address 4404 Queensbury Rd. Brindale, Md. Date signed Feb. 28, 1948

RECEIVED

MAR 2 1948

BUREAU V. S.

Reg. Diat. No. 20

Address..... (Address Varies, Met) Date signed..... 11/8/88

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 18 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, in correct age and especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County..... Prince Georges
 City or town..... Glenn Dale, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... one year, 16 days
 Hospital, institution, or street address where death occurred:
 Glenn Dale Sanatorium
 How long in hospital or institution?..... 1 year, 16 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... D. C. County.....
 City or town..... Washington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... 1470 Reservoir Road, N. W.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

DODGE, EARL E.

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife Gladys E. Nickols Dodge

6. (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.)

June 22, 1902

8. AGE:

Years

Months

Days

If less than one day

45

45

7

27

hrs.

min.

9. Birthplace Washington, D. C.
(Town, county, and state)

10. Usual occupation Postal Clerk

11. Industry or business - - -

FATHER

12. Name Wilbur A. Dodge

13. Birthplace Washington, D. C.

MOTHER

14. Maiden name Rose Bishop

15. Birthplace Washington, D. C.

16. Informant

Deceased

Address

17. Burial Date thereof Feb 18, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Rock Creek Cemetery

Location Washington, D.C.

18. Funeral director The S. H. Jones Co.

Address 2901 14th St NW Washington D.C.

19. Feb 18, 1948 Rowland S. Phillips
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 18, 1948 at 2:15 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 1, 1947, to Feb 18, 1948, and that I last saw him alive on Feb 18, 1948.

Immediate cause of death

Pulmonary Tuberculosis

DURATION

12 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Daniel Leo Finucane MD.

M. D. or other

Address Glenn Dale, Md. Date signed 2/18/48

W

RECEIVED
MAR 2 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information care-fully. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

107

01893

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

County... Prince Georges
 City or town... Cheney
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 hrs

Hospital, institution, or street address where death occurred:

Prince Georges General Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Prince Georges

City or town... Laurel
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 123-9th Street
 (If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Donna Maria Dudley

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

August 8, 1947

8. AGE:

Years

Months

Days

If less than one day

6

hrs.

min.

9. Birthplace

Riverdale, Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

Roy L. Dudley

13. Birthplace

Virginia

14. Maiden name

Betty Shoup

15. Birthplace

West Virginia

16. Informant

Mr. Roy L. Dudley

Address

Laurel, Md

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

Feb 17, 1948
(month) (day) (year)

Cemetery or crematory

Shut Hill

Location

Laurel, Md

18. Funeral director

St. Paul Monastrey

Address

Laurel, Md

Feb 15 48
 (Date rec'd by registrar)

James Serry
 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 14 1948 at 11:15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19....., to..... 19.....

and that I last saw him alive on..... 19.....

Immediate cause of death

Pneumonia

DURATION

Due to

Bronchopneumonia

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

Deputy Medical Examiner
James J. Boyd

23. SIGNATURE

Forestall, Md Date signed 2-15-48

RECEIVED

FEB 17 1948

BUREAU N. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. *245*

1. PLACE OF DEATH:

County *Prince George*City or town *Hyattsville Md.*
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred

*Mother Jones Rest Home*How long in hospital or institution *3 days*

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *D.C.* County *Washington*City or town *Washington*
(If outside city or town limits, write RURAL and give nearest town)Street No. *5614 - New Hampshire Ave NE*
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

MARY WILSON DUGAN

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

*Female White married*6. (b) Name of husband or wife *Albert W Dugan*

7. Birth date of

deceased (mo., day, yr.)

August 31 - 1876

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

It less than one day

*71**5**23*

hrs.

min.

9. Birthplace

Charles Co. Md.
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereat

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *Feb 24* 19 *48* at *10:05 P.* M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *Jan 6* 19 *44* to *Feb 24* 19 *48* and that I last saw him alive on *Feb 15* 19 *48*

Immediate cause of death

Carcinoma of breast with lung metastases

DURATION

2 yrs

Due to

Due to

Other conditions

Cerebral arteriosclerosis with hemiplegia
(Include pregnancy within 3 months of death)*4 yrs*

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

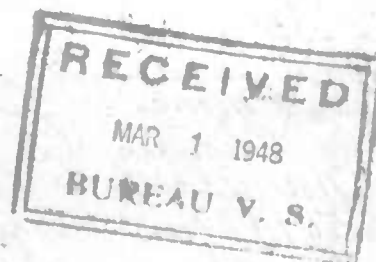
Charles Harnett M.D.
M. D. or other

Address

4201 New Hamp. Ave

Date signed

2/25/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

01895

231

1. PLACE OF DEATH:

County Prince George's

City or town Danville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Transient

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George's

City or town T. B.
(If outside city or town limits, write RURAL and give nearest town)

Street No. Route # 2, Brandywine
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

John Henry Dulskie

3. (b) Social Security Number

4. Sex Male

5. Color or race White

6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Gertrude Virginia Dulskie

7. Birth date of deceased (mo., day, yr.) December 11, 1916

8. AGE: Years 31 Months Days If less than one day hrs. min.

8. (c) If alive, give age 29 years

9. Birthplace Pennsylvania
(Town, county, and state)

10. Usual occupation Mechanic

11. Industry or business

12. Name William Dulskie

13. Birthplace Pennsylvania

14. Maiden name Tessie Thomas

15. Birthplace Pennsylvania

16. Informant Gertrude Virginia Dulskie

Address Rt #2, Brandywine, Md.

17. Burial Date thereof Mar 3, 1948

(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory St. Lincoln

Location Washington D.C.

18. Funeral director F. Goetz's sons

Address Myattsville Md.

3/2 48 Amanda Downey

(Date rec'd by registrar) 19. 48 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 29, 1948 at 3:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, fo. 19

and that I last saw h. alive on 19

Immediate cause of death Acute congestive heart failure

Rheumatic heart disease

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Deputy Medical Examiner injured at work?

23. SIGNATURE James J. Zog M. D. not

Address Forestville Md. Date signed 2-29-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death, clearly and legibly.

RECEIVED

MAR 3 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: Prince Georges
County.....
City or town..... Glenn Dale, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 9 mos., 3 days
Hospital, institution, or street address where death occurred:
Glenn Dale Sanatorium
How long in hospital or institution? 9 mos., 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State..... D. C. County.....
City or town..... Washington
(If outside city or town limits, write RURAL and give nearest town)
Street No..... 80 G. Street, S. W.
(If rural, give LOCATION)
2. (a) If veteran, name war.....

3. (a) FULL NAME
Munlop, Amanda

3. (b) Social Security Number

4. Sex Female
5. Color or race Negro
6. (a) Single, married, widowed, or divorced Single
6. (b) Name of husband or wife
6. (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) October 7, 1926
8. AGE: Years Months Days If less than one day
21 21 4 5 hrs. min.

8. Birthplace Washington, D. C.
(Town, county, and state)
10. Usual occupation Nurse maid
11. Industry or business
12. Name Macy Dunlop
13. Birthplace King George Co., Virginia
14. Maiden name Marie Johnson
15. Birthplace King George Co., Virginia

16. Informant Deceased
Address
17. Removal Date thereof Feb. 13, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory
Location to Washington, D.C.
18. Funeral director John J. Rhines & Co. Washington
Address 901 3rd St S.W.
19. Feb. 13, 1948 Rowland S. Phillips
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 12, 1948, 1:00 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 8, 1947, to Feb. 12, 1948, and that I last saw him alive on Feb. 12, 1948.

Immediate cause of death Pulmonary Tuberculosis
DURATION 1 year

Due to
Due to
Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Daniel Lee Pinney, M.D.
M. D. or other
Address Glenn Dale, Md. Date signed 2/12/48

RECEIVED

MAR 2 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 232

1. PLACE OF DEATH:

County... Pr Geo
 City or town... Rural - Crown Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?... Life
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?...

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Md County... Pr Geo
 City or town... Rural Crown Md
 (If outside city or town limits, write RURAL and give nearest town)
 Street No... Rural - Bellefield
 (If rural, give LOCATION)
 2.(a) If veteran, name war...

3. (a) FULL NAME

Allice Florenda Murall

3. (b) Social Security Number

4. Sex Female 5. Color or race W 6. (a) Single, married, widowed, or divorced Single

B. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) 28 Oct 1858 8. (c) If alive, give age... years

8. AGE: Years 89 Months 4 Days 18 If less than one day... hrs. min.

9. Birthplace... Upper Marlboro Pr Geo Md
 (Town, county, and state)

10. Usual occupation... None

11. Industry or business

12. Name... Bernjamin Franklin Murall

13. Birthplace... Pr Geo Co Md

14. Maiden name... Susan Sasser

15. Birthplace... Pr Geo Co Md

16. Informant... Mrs John Bayler

Address... Upper Marlboro Md

17. Burial... Burial Date thereof... 2-28-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... St Thomas

Location... Crofton Md

18. Funeral director... Hutchins Bros

Address... Upper Marlboro Md

19. Feb 27 19 48 Allice Florenda Murall
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... 26 Feb 19 48 at 2:55 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 19 46 to 26 Feb 19 48 and that I last saw h. e. x. alive on 26 Feb 19 48.

Immediate cause of death... Cardiac Insufficiency DURATION 4 mos

Due to... Ischemic Cardiac Disease 2 mos

Due to... Vascular Disease

Other conditions...

(Include pregnancy within 3 months of death)

Major findings of operations... Date of op.

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of ...

Where did injury occur? ... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ...

Means of injury... Injured at work?

23. SIGNATURE... B B Sasser M. D. or other

Address... Upper Marlboro Md Date signed... 26 Feb 48

RECEIVED

FEB 28 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 240

1. PLACE OF DEATH

County PR. GEORGE'S
City or town BRANDYWINE, MD.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 71 + years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State MARYLAND County PR. GEORGE'S
City or town BRANDYWINE
(If outside city or town limits, write RURAL and give nearest town)
Street No. BETWEEN BADEN & TB JCTN
(If rural, give LOCATION ON ROUTE 105)
2. (a) If veteran, name war

3. (a) FULL NAME

LEONARD HOLLIDAY EARLY

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced MARRIED

6. (b) Name of husband or wife MARGARET ROBINSON EARLY 6. (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) JULY 24 1876
8. AGE: Years 71 Months 6 Days 28 hrs. - min. -

9. Birthplace BRANDYWINE, MD.
(Town, county, and state)

10. Usual occupation RETIRED P.R. WORKER.

11. Industry or business ENGINEER

12. Name JAME A. EARLY

13. Birthplace BRANDYWINE, MD

14. Maiden name EMMA C. BERRY

15. Birthplace Forrestville, Prince Georges Co

16. Informant HELEN E STRAUSS

Address Brandywine, Md. DAUGHTER

17. (Burial, cremation, or removal. Which?) Burial Date thereof 2-26-48
(month) (day) (year)

Cemetery or crematory Washington National

Location Suitland, Maryland

18. Funeral director Bitche Brothers

Address Upper Marlboro, Md.

19. (Date rec'd by registrar) Feb 24 1948 Registrar J. H. Billingsley

MEDICAL CERTIFICATION

20. DATE OF DEATH FEB. 22 1948 at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from JANUARY 1948 to FEBRUARY 1948 and that I last saw him alive on FEB 19 1948

Immediate cause of death CARDIOVASCULAR COLLAPSE

Due to ARTERIO SCLEROSIS (GENERALIZED) + PULMONARY CONGESTION DUE TO PROBABLE GEN. CARCINOMATOSIS

Other conditions CHRONIC ANOREXIA
(Include pregnancy within 3 months of death)

Major findings of operations - Date of op. -

Autopsy results - PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - Date of -

Where did injury occur? - (City or town) - (County) - (State)

Injured at home, farm, industry, public place (where?) -

Means of injury - Injured at work? -

23. SIGNATURE Alfred R. Lapin, M.D. M. D. or other -

Address Agasson, Md Date signed Feb 23, 1948

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 26 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

83a

01899 239

Reg. Dist. No.

1. PLACE OF DEATH:

County PRINCE GEORGES
 City or town LAUREL, MARYLAND
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 yrs.

Hospital, institution, or street address where death occurred:

409 Washington Blvd. - LAUREL, MD

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County PRINCE GEORGES

City or town LAUREL
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 409 WASHINGTON BLVD
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

SARAH VIRGINIA ELLIOTT

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

FEMALE WHITE WIDOW

6. (b) Name of husband WILLIAM NIMROD7. Birth date of deceased (mo., day, yr.) NOVEMBER 5, 1872

8. AGE: Years 15 Months 2 Days 26 If less than one day
 hrs. min.

9. Birthplace PENNA
 (Town, county, and state)

10. Usual occupation SCHOOL TEACHER

11. Industry or business

12. Name AMOS BANDER13. Birthplace GETTYSBURG PENNA14. Maiden name ELIZABETH SKECHTER15. Birthplace CHAMBERSBURG, PENNA.16. Informant RAY ELLIOTT (SON)Address 409 WASHINGTON BLVD, LAUREL, MD

17. BURIAL Date thereof 2-3-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory IVY HILLLocation LAUREL, MARYLAND18. Funeral director RIDGLEY SELBYAddress 401 WASH. BLVD. LAUREL MD

19. 2-3 48 Doc E. Wochter
 (Date rec'd by registrar) (month) (day) (year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-1 1948 at 9:40 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1940 to 2-1 1948

and that I last saw her alive on 2-1 1948Immediate cause of death Cerebral Hemorrhage

DURATION

2 hrs.Due to Hypertension 107

Due to

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Doc E. Wochter M. D. or other

Address Burial Date signed 2-3-48

RECEIVED

FEB 6 1948

BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County..... Prince Georges
 City or town..... Glenn Dale, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 4 yrs., 2 mos., 10 days
 Hospital, institution, or street address where death occurred:
 Glenn Dale Sanatorium
 How long in hospital or institution? 4 yrs., 2 mos., 10 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... D. C. County.....
 City or town..... Washington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... 617 S. St., N. W.
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... ✓

3. (a) FULL NAME

HANNAH M. EVANS

3. (b) Social Security Number

4. Sex

female

5. Color or race

negro

6. (a) Single, married, widowed, or divorced

single

6. (b) Name of husband or wife

-

7. Birth date of deceased (mo., day, yr.)

April 29, 1917

8. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

30

30

9

26

..... hrs.

..... min.

9. Birthplace..... Leonardtown, Maryland

(Town, county, and state)

10. Usual occupation

Maid

11. Industry or business

-

FATHER
MOTHER

12. Name

J. H. Evans

13. Birthplace

?

Maryland

14. Maiden name

Hannah Bender

15. Birthplace

?

Maryland

16. Informant

Deceased

Address

17.

Burial, cremation, or removal. Which?

Date thereof

2/24/48
(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

MALONE & SCHOEN INC

Address

434- R St. N.W.

19.

Feb 24 1948
(Date rec'd by registrar)Rowland S. Phillips
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Feb 24, 1948, at 5:55 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 13, 1943, to Feb 24, 1948
and that I last saw her alive on Feb 23, 1948

Immediate cause of death

Pulmonary Tuberculosis

DURATION

5 yrs. 4 mo.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Daniel Leo Pinckney MD
Address: Glenn Dale Md. Date signed 2/24/48

MARGIN RESERVED FOR BINDING

VS A15 9-4315M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 2 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

County Prince Georges
 City or town Glen Arden
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 7 months
 Hospital, institution, or street address where death occurred:
Glen Arden Parkway
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Prince Georges
 City or town Glen Arden
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Glen Arden Parkway
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Joyce Francine Ferguson

3. (b) Social Security Number

4. Sex

Female

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE:

Years,

Months,

Days

If less than one day

hrs.

min.

9. Birthplace

Washington, DC
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

Eugene Arthur Ferguson

13. Birthplace

Pennsylvania

MOTHER

14. Maiden name

Mary Anna Neuman

15. Birthplace

Washington, DC

16. Informant

Eugene A. Ferguson

Address

Glen Arden, Md

17.

(Burial, ~~exhumation~~, or removal. Which?)

Date thereof

2/5/48
(month) (day) (year)

Cemetery or crematory

Int. Olmsted

Location

Washington, D.C.

18. Funeral director

F. Busch sons

Address

Nyattsville Md.

19.

Feb 5
(Date rec'd by registrar)

19

Amanda Rowney
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

February 3, 1948 at 11:00 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19

to

19

and that I last saw him

alive on

19

Immediate cause of death

Acute pulmonary edemaDue to Toxic myocarditisDue to Pneumopneumonia

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

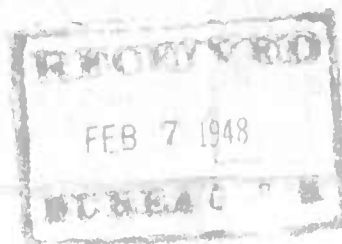
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Forestall W. W.Date signed 2-4-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County Prince George
City or town Glenn Dale, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 11 days
Hospital, institution, or street address where death occurred:
Glenn Dale Sanatorium
How long in hospital or institution? 11 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State D. C. County _____
City or town Washington
(If outside city or town limits, write RURAL and give nearest town)
Street No. 937 E. Street, S. W.
(If rural, give LOCATION)
2. (a) If veteran, name war _____

3. (a) FULL NAME

FEWELL MARY

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Divorced
6. (b) Name of husband or wife Currie Fewell
7. Birth date of deceased (mo., day, yr.) April 26, 1911
8. AGE: Year 36 Month 36 Days 9 If less than one day 22 hrs. _____ min. _____
8. (c) If alive, give age 36 years

9. Birthplace Charlottesville, Virginia
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business _____

12. Name Herbert Harler
13. Birthplace Charlottesville, Virginia
14. Maiden name Anna Easton
15. Birthplace Charlottesville, Virginia

16. Informant Deceased
Address _____

17. Removal Date thereof 2/18/48
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory _____

Location to Washington D.C.
Wm Chambers Co
Address 517-11 SE

18. Funeral director Lieb 18 19 48 Rowland S. Phillips
Address _____
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 17, 1948 at 9 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/5 19 48, to 2/17 19 48
and that I last saw him/her alive on 2/17 19 48

Immediate cause of death pulmonary tuberculosis DURATION 4 mos.

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 5 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) _____ (County) _____ (State)

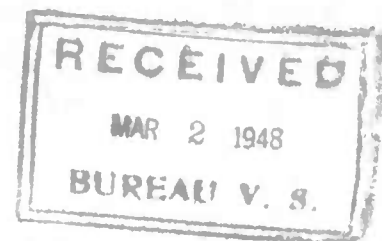
Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work? _____

23. SIGNATURE Daniel Leo Finucane M.D. M. D. or other _____
Address Glenn Dale Md Date signed 2/17/48

MARGIN RESERVED FOR BINDING

VS 415 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.



Evidence for change of
age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Form No. 6 114 MAR 16 1948

CERTIFICATE OF DEATH

Reg. Dist. No.

01903

245

1. PLACE OF DEATH:

County..... Prince George's

City or town..... Beverly Hills
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Leland Memorial Hospital

How long in hospital or institution?

3. (a) FULL NAME

Josephine Frink

3. (b) Social Security Number

NONE

4. Sex

Female

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Frank J Frink

7. Birth date of deceased (mo., day, yr.)

May 10 1886

6. (c) If alive, give age..... years

8. AGE:

Years..... 61 Months..... 62 Days..... 9 If less than one day..... hrs..... 4 min.....

9. Birthplace

Davidsonville, Md.
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

John G. Tucker

12. Name

Md.

13. Birthplace

Alex Ridgeway

14. Maiden name

Md.

15. Birthplace

Francis J Frink

16. Informant

Buxial

Address

ST. MARYS

Cemetery or crematory

ANNAPOLIS, MD

Location

THOMAS W. SINGLETON

18. Funeral director

GLEN BURNIE, MD.

19. Date rec'd by registrar

FEB 17 1948

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md.

County

Anne Arundel

City or town

Gambrells, Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No.

MILLERSVILLE - FT MEAD ROAD.
(If rural, give LOCATION)

2. (a) If veteran, name war

✓

MEDICAL CERTIFICATION

20. DATE OF DEATH

Feb 14 1948 at 12:45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 13 1948 to Feb 14 1948

and that I last saw him alive on Feb 13 1948

Immediate cause of death

Lebar pneumonia

DURATION

2 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

L W Malin MD

M. D. or other

Address Riverdale Md. Date signed 2/14/48

MARGIN RESERVE FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 18 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. **01904**

1. PLACE OF DEATH:

County Prince Georges
City or town Glenn Dale, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 mos., 23 days
Hospital, institution, or street address where death occurred:
Glenn Dale Sanatorium
How long in hospital or institution? 1 mos., 23 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State D. C. County _____
City or town Washington
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1113 Que Street, N. W.
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

William C. Flood (WM. C. FLOOD)

3. (b) Social Security Number

578-01-9881

4. Sex Male 5. Color or race Negro 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) June 14, 1916 6.(c) If alive, give age _____ years

8. AGE: Years 31 Months 31 Days 8 If less than one day _____ hrs. _____ min.

9. Birthplace Roanoke, Virginia
(Town, county, and state)

10. Usual occupation Waiter, Bus-boy

11. Industry or business _____

12. Name James Flood

13. Birthplace Roanoke, Virginia

14. Maiden name Kate ?

15. Birthplace Roanoke, Virginia

16. Informant Deceased

Address _____

17. Removal Date thereof March 1, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory _____

Location Washington D. C.

18. Funeral director L. E. Murray & Son

Address 1337-10th St. NW. Wash., D. C.

19. Mar. 1, 1948 Rowland S. Phillips
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 29, 1948, at 7:58 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 5, 1948, to February 29, 1948 and that I last saw him alive on February 29, 1948

Immediate cause of death Pulmonary Tuberculosis DURATION 13 mo.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Daniel Leo Finucane MD M. D. or other _____

Address Glenn Dale, Md. Date signed 2/29/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 8 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94a

CERTIFICATE OF DEATH

Reg. Dist. No. 01905 142

1. PLACE OF DEATH:

County Prince Georges

City or town Smithland Md.
(If outside city or town limits, write RURAL and give nearest town)

* How long in above place of death?

Hospital, institution, or street address where death occurred

4798 Silver Hill Rd Washington 200

How long in hospital or institution? none

* 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Prince Georges

City or town Smithland
(If outside city or town limits, write RURAL and give nearest town)

Street No. 4798 Silver Hill Rd

(If rural, give LOCATION)

2(a) If veteran, name war None

3. (a) FULL NAME

Ralph Edwin Galloway

* 3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Marjorie Lane Galloway

7. Birth date of deceased (mo., day, yr.) Sept 14 1889

8. AGE: Years 58 Months 5 Days 6 If less than one day

6. (c) If alive, give age 56 years

9. Birthplace Newport Kentucky
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Ellen Galloway

13. Birthplace Ohio

14. Maiden name Letta Brown

15. Birthplace Ohio

16. Informant Mrs Ralph Galloway

Address 4798 Silver Hill Rd SE

17. (Burial, cremation, or removal Which?) Burial

Date thereof 2/11/48 (month) (day) (year)

Cemetery or crematory Forest Hill

Location Smithland

18. Funeral director J. H. Chamberlain Co

Address 517-11 St SE

19. Feb. 10 1948 Carrie F. Campbell

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 10 1948 at 12:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 6 1947 to Feb 10 1948

and that I last saw him alive on Feb 9 1948

Immediate cause of death acute

coronary thrombosis

Due to general arteriosclerosis

Due to none

Other conditions none

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Carrie F. Campbell

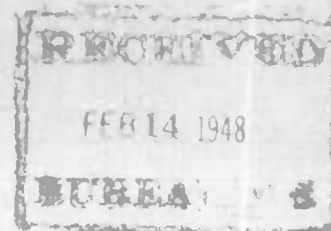
5480 Silver Hill Rd M. D. or other

Washington 1948 Date signed Feb 10 1948

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County..... Prince Georges

City or town..... Glenn Dale, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 days

Hospital, institution, or street address where death occurred:

Glenn Dale Sanatorium

How long in hospital or institution? 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... D. C. County.....

City or town..... Washington
(If outside city or town limits, write RURAL and give nearest town)Street No..... 633½ Orleans, Place, N. E.
(If rural, give LOCATION)

2.(a) If veteran, name war..... ✓

3. (a) FULL NAME

DOROTHY E. GOULD

3. (b) Social Security Number

4. Sex

Female

5. Color or race

Negro

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife..... -

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) February 16, 1929

8. AGE: Years Months Days If less than one day
19 19 0 6
.....hrs.min.9. Birthplace..... Birmingham, Alabama
(Town, county, and state)

10. Usual occupation..... Student, Howard University

11. Industry or business..... -

12. Name..... Robert J. Gould

13. Birthplace..... ? Florida

14. Maiden name..... Emma Davis

15. Birthplace..... ? Florida

16. Informant..... Deceased

Address

17. Removal Date thereof Feb. 23, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory.....

Location..... to Washington, D.C.

18. Funeral director..... George B. Clarke

Address..... 1416 1/2 Fla. Ave. N.E.

19. Feb. 23, 1948 Rowland S. Phillips
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Feb. 22 1948 at 8:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Feb. 17 1948 to Feb. 22 1948

and that I last saw her alive on Feb. 22 1948

Immediate cause of death..... Pulmonary Tuberculosis
DURATION 2 mo.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of injury..... Injured at work?

23. SIGNATURE..... Daniel Leo Finucane MD
M. D. or other

Address..... Glenn Dale, Md. Date signed 2/22/48

RECEIVED

MAR 2 1948

BUREAU V. S.

Evidence for change of age is shown on

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

01907

FILM No. G 114 MAR 9 1948

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:
County Prince George's
City or town Riverdale
How long in above place of death? 3.5 yrs.
Hospital, institution, or street address where death occurred:
5602-54th Ave.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Pro Geo Co
City or town Riverdale Md
Street No. 5602-54 Ave
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME James Gustavus Gray, Sr.

3.(b) Social Security Number

4. Sex Male
5. Color or race White
6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband or wife Maude E. Gray

7. Birth date of deceased (mo., day, yr.) March 9, 1874
6.(c) If alive, give age 63 years

8. AGE: Years 73 74 Months 11 Days 20
It less than one day hrs. min.

9. Birthplace Laurel, Md.
(Town, county, and state)

10. Usual occupation Accountant

11. Industry or business Potomac Electric Power Co

12. Name Samuel Gray

13. Birthplace Bridgeville, Del.

14. Maiden name Baby Anderson

15. Birthplace Md.

16. Informant James G. Gray, Jr.
Address 26 Stanton Pl. N. E. D.C.

17. Burial Date thereof 3/12/48
(Burial, cremation, or removal. Which?)
Cemetery or crematory St. Lincoln
Location Washington Sle

18. Funeral director F. Gluckson

Address Hyattsville Md
March 2 48 James Serry Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 29 1948 at 13h M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
and that I last saw him alive on 3:45 PM - Feb 29 1948

Immediate cause of death Perforating gastric ulcer
Operated closing opening Feb 4/48

Due to gastric ulcer 10 P

Due to congenital diverticulum of esophagus
Other conditions oesophagus

(Include pregnancy within 8 months of death)

Major findings of operations perforating gastric wall
& peritonitis Date of op. Feb 17 48

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE [Signature]
Address Hyattsville Md Date signed Mar 1, 1948

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 4 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

CERTIFICATE OF DEATH

Reg. Dist. No.

01908

22/5

1. PLACE OF DEATH:

County Geo

City or town Hyattsville Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Prs Geo

City or town Hyattsville Md
(If outside city or town limits, write RURAL and give nearest town)

Street No. 4311 Greenbury Rd

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Jean Brockway Hale

3. (b) Social Security Number

4. Sex Female

5. Color of race white

6. (a) Single, married, widowed, or divorced widowed

6. (b) Name of husband or wife F Edwin Hale

7. Birth date of deceased (mo., day, yr.) Dec 3- 1866

6. (c) If alive, give age years

8. AGE: Years 81 Months Days If less than one day hrs. min.

9. Birthplace New York
(Town, county, and state)

10. Usual occupation housewife

11. Industry or business

12. Name Charles T. Brockway

13. Birthplace New York

14. Maiden name Emma Hale

15. Birthplace New York

16. Informant F Edwin Hale

Address 769 St Mark Ave. Brooklyn N. Y.

transportation Date thereof Feb 12, 1948

(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Oakwood Cemetery

Location Syracuse N. Y.

18. Funeral director F. Laacke song

Address Hyattsville Md.

Feb 21 W. H. Jones Senior Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 10, 19 48 at 2 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 37, to 2-10 19 48

and that I last saw him alive on 2-9 19 48

Immediate cause of death Central haemorrhage

DURATION

Due to hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Junius Hay M. D. or

Address Hyattsville Md Date signed 2-10-48

MARGIN RESERVED FOR BINDING

I

VS A15 9.45.15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 14 1948

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

01909
231

1. PLACE OF DEATH:

County Prince George's
 City or town Chenery
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lead on arrival
 Hospital, institution, or street address where death occurred:
Prince George's General Hospital
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Prince George's
 City or town West Hyattsville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 2017 - Poughatam Road
 (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

John Robert Hale

3.(b) Social Security Number

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife Agnes E. Hale
 6.(c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) April 22, 1906
 8. AGE: Years 41 Months Days If less than one day hrs. min.

9. Birthplace Washington, D.C.
 (Town, county, and state)

10. Usual occupation Cab Driver

11. Industry or business Yellow Cab

12. Name Perky E. Hale

13. Birthplace Washington D.C.

14. Maiden name R. O. Doughman

15. Birthplace Virginia

16. Informant Mrs. Agnes E. Hale

Address 2017 - Poughatam Road, W. Hyattsville, Md.

17. Burial Date thereof Feb 13, 1948
 (Burial, cremation, or removal) Which? (month) (day) (year)

Cemetery or crematory St. Lincoln

Location Washington D.C.

18. Funeral director F. G. G. G. G. G.

Address Hyattsville, Md.

19. 2/9/48 Amanda Downey
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 10, 1948 at 4:22 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw him alive on 19

Immediate cause of death Coronary thrombosis

Due to Cardiovascular renal disease

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Reputed medical examiner
 23. SIGNATURE James W. G. G. G.
 M. D. or other

Address Hyattsville, Md. Date signed 2-10-48

RECEIVED
FEB 13 1948
FBI

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County..... Prince Georges
City or town..... Glenn Dale, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 yr., 5 days
Hospital, institution, or street address where death occurred:
Glenn Dale Sanatorium
How long in hospital or institution? 1 yr., 5 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State..... D. C. County.....
City or town..... Washington
(If outside city or town limits, write RURAL and give nearest town)
Street No..... 412 6th St., N. W.
(If rural, give LOCATION)
2.(a) If veteran, name war..... Navy from 1901 to 1905 ✓

3. (a) FULL NAME

George F. Hall

3. (b) Social Security Number

579-20-4322

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife - 6. (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) August 22, 1881

8. AGE: Years 66 Months 66 Days 5 If less than one day 29 hrs. min.

9. Birthplace Washington, D. C.
(Town, county, and state)

10. Usual occupation None

11. Industry or business -

12. Name William E. Hall

13. Birthplace ?

14. Maiden name ? Hanson

15. Birthplace ?

16. Informant Deceased

Address

17. Burial (Burial, cremation, or removal, which?) Date thereof Feb. 25, 1948
(month) (day) (year)

Cemetery or crematory Arlington National Cemetery

Location Arlington Co., Va.

18. Funeral director S. V. Glines Co.

Address 2901 - 14th Street N.W. Washington, D.C.

19. Feb. 21, 1948 Rowland S. Phillips

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/20 1948 at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/19 1947 to 2/20 1948
and that I last saw him alive on 2/20 1948

Immediate cause of death Pulmonary tuberculosis DURATION yrs 9 mos

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Daniel Leo Pinucane MD.

Address Glen Dale Md. Date signed 2/20/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 2 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

4211 N. Charles St., Baltimore

93d

01911

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

County Prince George
 City or town Cheverly
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 43 days
 Hospital, institution, or street address where death occurred:
Prince George
 How long in hospital or institution? 43 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Prince Georges
 City or town Riversdale
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 6302-47th Ave
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Rosa Belle Hammack

3. (b) Social Security Number

4. Sex f 5. Color or race white 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Daniel Hammack
 7. Birth date of deceased (mo., day, yr.) Oct. 10, 1876 6. (c) If alive, give age _____ years
 8. AGE: Years 71 Months 4 Days 9 If less than one day _____ hrs. _____ min.

9. Birthplace West Virginia
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

MOTHER 12. Name Hiram O'Brien
 13. Birthplace West Va
 14. Maiden name Mary Ruther
 15. Birthplace West Va

16. Informant Rosie Hammack - Son
 Address 210 Court C. Ferguson Rd Newbit News Va

17. Burial Date thereof Feb 24, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Ft Lincoln
 Location Washington, D C

18. Funeral director W. W. Chambers Co.
 Address 5801 Cleveland Ave Riversdale, Md

19. 2/23 1948 Amanda Downey
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 19 1948 at 9:20p
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 7 to Feb 19 1948
 and that I last saw him alive on Feb 19 1948

Immediate cause of death Coronary
occlusion DURATION Jan 7, 48

Due to Coronary A. S. Heart Dis yrs.

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations. Date of op.

Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Leonard Perry, M.D. M. D. or other

Address 4314 Gallatin St Date signed 2/19/48

RECEIVED

FEB 25 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01912

Reg. Dist. No.

239

1. PLACE OF DEATH

County Prince GeorgeCity or town Laurel
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 32 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Prince GeorgeCity or town Laurel
(If outside city or town limits, write RURAL and give nearest town)Street No. 702 West Blvd.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Harry Hardingham, Sr.

3. (b) Social Security Number

4. Sex

M.

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Eleanor Hardingham

6. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

Nov. 4, 1876

8. AGE:

Years

Months

Days

If less than one day

71227

hrs.

min.

9. Birthplace

Maryland

(Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

FATHER

12. Name

John Hardingham

13. Birthplace

Baltimore Md.

14. Maiden name

Virginia Rogers

15. Birthplace

Richmond, Virginia

16. Informant

Harry Hardingham, Jr.

Address

Laurel, Md.

17.

Burial
(Burial, cremation, or removal. Which?)

Date thereof

Feb 3 1948
(month) (day) (year)

Cemetery or crematory

Fort Lincoln

Location

Bladensburg, Md.

18. Funeral director

Mc Witt Randallson

Address

Laurel, Md.

19.

Feb 2

19

48 M. Beashear

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2 1 1948 at 11 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

2 1 1948 to 2 1 1948and that I last saw him alive on 2 1 1948Immediate cause of death CoronaryEmbolusDue to Prostatectomyoperation performed in 1937

(4/6/48 - 48)

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underlie the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, pub'c place (where?)

Means of injury

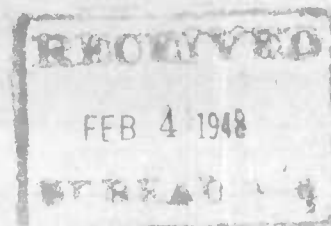
Injured at work?

23. SIGNATURE

B. P. Warren

M. D. or other

Address Burial Mch Date signed 2 2 48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01913

131a

Reg. Dist. No. 243

1. PLACE OF DEATH

County Prs Geo Co
Mitchellville Md
 City or town (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Prs Geo Co
Mitchellville Md
 City or town (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Gertrude L

3. (b) Social Security Number

Harley

4. Sex female 5. Color or race white 6.(a) Single, married, widowed, or divorced widowed
 6.(b) Name of husband or wife _____
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) July 1, 1882
 8. AGE: Years 65 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Washington, D.C.
 (Town, county, and state)
 10. Usual occupation at home
 11. Industry or business _____

FATHER 12. Name Benj. Lewis Hayes
 13. Birthplace Md
 MOTHER 14. Maiden name Marion C. Hayson
 15. Birthplace Washington, D.C.

16. Informant Mrs Esther Richardson
 Address 7292 Centab Ave, Seat Pleasant Md

17. Burial Date thereof Mar 4, 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Addison Chapel
 Location Seat Pleasant Md

18. Funeral director F. Rosche's sons
 Address Hyattsville Md.

19. 3/2 19 48 Amanda Dauren
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 29 Feb 19 48 at 9:00 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____, to 29 Feb 19 48.

and that I last saw h. _____ alive on _____ 19 _____
 Immediate cause of death Coronary Failure

Due to Hypertensive C.V. Renal Disease DURATION Unk

Due to _____ DURATION Unk

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE R.B. Janner M.D. or other M.D.

Address Upper Marlboro, Md. Date signed 29 Feb 48

RECEIVED

MAR 8 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County..... Prince Georges
City or town..... Glenn Dale, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?..... 2 yrs., 10 mos., 3 days
Hospital, institution, or street address where death occurred:
Glenn Dale Sanatorium
How long in hospital or institution?..... 2 yrs., 10 mos., 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... D. C. County.....
City or town..... Washington
(If outside city or town limits, write RURAL and give nearest town)
Street No..... 1326 New Jersey Ave., N. W.
(If rural, give LOCATION)
2. (a) 11 veteran, name war.....

3. (a) FULL NAME

ROSA G. HARRIS

3. (b) Social Security Number

-

4. Sex..... Female
5. Color or race..... Colored
6. (a) Single, married, widowed, or divorced..... Single
6. (b) Name of husband or wife..... -
6. (c) If alive, give age..... years
7. Birth date of deceased (mo., day, yr.)..... December 10, 1929
8. AGE: Years..... 18 Months..... 1 Days..... 23 If less than one day..... hrs. min.

9. Birthplace..... Washington, D. C.
(Town, county, and state)
10. Usual occupation..... Schoolgirl
11. Industry or business..... -
12. Name..... Edgar P. Harris
13. Birthplace..... Washington, D. C.
14. Maiden name..... Thelma Major
15. Birthplace..... Washington, D. C.

16. Informant..... Deceased
Address.....
17. Removal..... Date thereof..... Feb. 3, 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory.....
Location..... the Washington, D. C.
18. Funeral director..... Thelma's Funeral Home Inc.
Address..... 389 R. I. Ave. N. W.
19. Feb. 3, 1945 Rowland C. Phillips
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Feb. 2, 1945 at 11:15 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Mar. 29, 1945 to Feb. 2, 1945
and that I last saw her alive on Feb. 2, 1945

Immediate cause of death..... Pulmonary Tuberculosis
DURATION..... 2 yrs 10 1/2 mos

Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....
Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

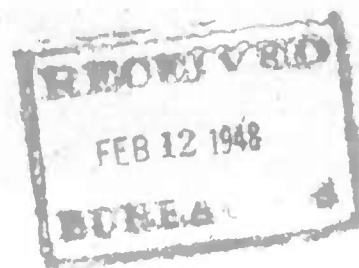
22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of.....
Where did injury occur?..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?).....
Means of injury..... Injured at work?

23. SIGNATURE..... Daniel Leo Pincus M.D.
Address..... Glen Dale, Md. Date signed..... 2/2/45

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Prince Georges CountyCity or town Hyattsville Maryland
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Pro Geo CoCity or town Hyattsville Md.
(If outside city or town limits, write RURAL and give nearest town)Street No. 5103 43 ave Apt 203

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Everett Omar Harvey

3. (b) Social Security Number

4. Sex

male

5. Color or race

white

B.(a) Single, married, widowed, or divorced

married6.(b) Name of husband or wife Lottie E. Harvey7. Birth date of deceased (mo., day, yr.) Jan 15, 18848.(c) If alive, give age 67 years8. AGE: Years 64 Months 1 Days 7 If less than one day
hrs. min.9. Birthplace Springhill Missouri
(Town, county, and state)10. Usual occupation General Accounting Office11. Industry or business U. S. Government12. Name Youmens H. Harvey13. Birthplace Illinois14. Maiden name Mary E. Cravens15. Birthplace Missouri16. Informant George HarveyAddress Hyattsville Md.17. Burial Date thereof Feb 25, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Cedar Hill CemeteryLocation Suitland Maryland18. Funeral director F. Casch's SonsAddress Hyattsville Maryland19. Feb 25 1948 James Sever
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/22/48 1948 at 8:15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

4/27/37 1937 to 2/22 1948and that I last saw him alive on 2/22/48 1948

Immediate cause of death

Coronary occlusion

DURATION

30 min.Due to coronary heartdisease2 yrs.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: NO

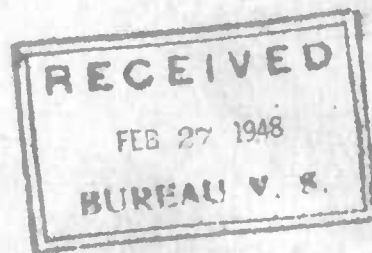
Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert J. Brown M.D.Address 811-8-NE Date signed 2/23/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. **234**

1. PLACE OF DEATH:

County **Prince Georges**

City or town **Forest Heights, Md.**
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Pamela C. Hayes

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State **Maryland** County **Prince Georges**

City or town **Forest Heights**
(If outside city or town limits, write RURAL and give nearest town)

Street No. **114-Irquois Way**
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

4. Sex Female	5. Color or race White	6. (a) Single, married, widowed, or divorced Single
-------------------------	----------------------------------	---

B. (b) Name of husband or wife

B. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) **Sept. 6th, 1946**

8. AGE:	Years	Months	Days	If less than one day
	1	5		hrs. min.

9. Birthplace **Washington, D. C.**
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name **Ralph J. Hayes**

13. Birthplace **Washington, D. C.**

14. Maiden name **Kathleen M. Ward**

15. Birthplace **Washington, D. C.**

16. Informant **Ralph J. Hayes**

Address **114-Irquois Way, Forest Hgts, Md.**

17. **Burial** Date thereof **Feb. 18, 48**
(Burial, cremation, or removal Which?) (month) (day) (year)

Cemetery or crematory **Congressional Cemetery**

Location **Washington D. C.**

18. Funeral director **Arthur E. Simonov**

Address **2007 Nichols Ave SE**

19. **Feb. 17** 19 **48** **Edward J. Bender**
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH **February 17th.** 19 **48** at **2:30AM**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **Jan 5 - 19 48** to **Feb 3 - 19 48** and that I last saw him alive on **Feb. 3 - 19 48**

Immediate cause of death
Profound myocardial infarction
Myocardial infarction
Myocardial infarction

DURATION

24 hrs.

Due to **Myocardial infarction** **17 hrs**

Due to **17 hrs**

Other conditions **Myocardial infarction**

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE **Philip J. Johnson**

Address **2924 Nichols Ave SE** M. D. or other **Feb. 17, 48**
Date signed

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

485

RECEIVED

CERTIFICATE OF DEATH

RECEIVED

FEB 25 1948

BUREAU V. S.

Handwritten signature or initials

Handwritten number 1163

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 013175-275

1. PLACE OF DEATH:
 County PRINCE GEORGES
 City or town MT. RAINIER
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? AUGUST 1946
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State MARYLAND County PRINCE GEORGES
 City or town MT. RAINIER
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 2707-UPSHUR ST.
 (If rural, give LOCATION)
 2.(a) If veteran, name war No

3. (a) FULL NAME FRANCIS J. HEMELT

3. (b) Social Security Number

4. Sex MALE 5. Color or race WHITE 6. (a) Single, married, widowed, or divorced MARRIED

8. (b) Name of husband or wife THERESA G. HEMELT

6. (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) DEC. 3, 1879

8. AGE: Years 69 Months Days It less than one day
 hrs. min.

9. Birthplace BALTIMORE, MARYLAND
 (Town, county, and state)

10. Usual occupation PROFESSOR

11. Industry or business CATHOLIC UNIVERSITY OF AMERICA

12. Name CHARLES T. HEMELT

13. Birthplace MARYLAND

14. Maiden name MARY C. EDER

15. Birthplace MARYLAND

16. Informant MRS. THERESA G. HEMELT

Address 2707-UPSHUR ST. MT. RAINIER, MD.

17. Removal Date thereof FEB 9, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Location 3821-14th St. N.W. Wash. D.C.

18. Funeral director Francis J. Hollins

Address 3821-14th St. N.W. WASH. D.C.

19. FEB 9 19 48 James Lewis
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 9 19 48 at 2:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 15 19 48 to Feb 9 19 48

and that I last saw him alive on Feb 8 19 48

Immediate cause of death Acute Cardiac Ischemia

Due to Chronic Coronary Artery Disease

Due to 2 yrs

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James J. Smith

Address 200 Columbia Rd. N.W. Wash. D.C.

Date signed Feb 9/48

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE OF MARYLAND

STATE OF MARYLAND

MEDICAL EXAMINATION

RECEIVED
DEC 11 1948
BUREAU V.M.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County Prince George's
 City or town Mitchelville - B.F.D.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred: _____

How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Prince George's
 City or town Mitchelville B.F.D.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war no

3. (a) FULL NAME

Wesley Henry
 4. Sex Male 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife _____

6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Jan. 1 1862

8. AGE: Years 86 Months 1 Days 24 If less than one day _____ hrs. _____ min.

9. Birthplace Virginia
 (Town, county, and state)

10. Usual occupation laborer11. Industry or business Farm

MOTHER FATHER
 12. Name Abraham Henry
 13. Birthplace Virginia
 14. Maiden name Cecilia Williams
 15. Birthplace Virginia

16. Informant Catherine Steward
 Address Mitchelville - Md

17. Buried Date thereof Feb 27 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Foly family
 Location Woodmore and
Blarenee Foreacre

18. Funeral director Blarenee Foreacre
 Address Mitchelville and

19. Feb 25 1948 Louise H. Teach
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 23 1948 at 2:00 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 1 1948 to Feb 23 1948 and that I last saw him alive on Feb 22 1948

Immediate cause of death Coronary Heart Failure DURATION 4 yrs.

Due to _____

Due to _____

Other conditions Arteriosclerosis 10 yrs.

(Include pregnancy within 3 months of death)

Major findings at operations None

Date of op. _____

Autopsy results no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE James B. Lancer M.D.
Elmer Warlock, M.D. M. D. or other
 Date signed 2-25-48

RECEIVED

APR 30 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

County Prince George'sCity or town Newton Village

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 years

Hospital, institution, or street address where death occurred:

4919 Monroe Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George'sCity or town Newton Village

(If outside city or town limits, write RURAL and give nearest town)

Street No. 4919 Monroe StreetStreet No. World War I

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

IRVING CALVIN HUGHES

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Ethel B. Hughes

8. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

February 12, 1884

8. AGE:

Years

64

Months

Days

If less than one day

_____ hrs.

_____ min.

9. Birthplace

Glen Coe, Penna.

(Town, county, and state)

10. Usual occupation

Soldier (retired)

11. Industry or business

U. S. Army

FATHER

12. Name William Hughes

13. Birthplace

Penna.

MOTHER

14. Maiden name Lannah Martz

15. Birthplace

Penna

16. Informant

Mrs Ethel Hughes (Wife)

Address

4919 Monroe St, Newton Village

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

Feb. 25, 1948

Cemetery or crematory

Arlington Nat.

Location

Arlington, Va.

18. Funeral director

Address

W. W. Chambers Co.

19.

2/23
(Date rec'd by registrar)

19. 48

Amanda Downey
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 22 1948, at 6:50 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 9th 1947 to Feb. 22 1948and that I last saw him alive on Feb. 21 1948

Immediate cause of death

Acute Dilatation of Heart

DURATION

3 hrs.

Due to

Due to

Other conditions

Prostatic Hypertrophy1 yr.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE

Charles C. Hogeage M. D.
Mt. Rainier, Md. M. D. or other _____Date signed 2/23/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL

WASHINGTON, D. C.

MEMORANDUM FOR THE ATTORNEY GENERAL

DATE: FEBRUARY 25, 1948

FROM: [illegible]

SUBJECT: [illegible]

RE: [illegible]

1. [illegible]

2. [illegible]

3. [illegible]

4. [illegible]

5. [illegible]

6. [illegible]

7. [illegible]

8. [illegible]

9. [illegible]

10. [illegible]

11. [illegible]

12. [illegible]

13. [illegible]

14. [illegible]

15. [illegible]

16. [illegible]

17. [illegible]

18. [illegible]

19. [illegible]

20. [illegible]

21. [illegible]

22. [illegible]

23. [illegible]

24. [illegible]

25. [illegible]

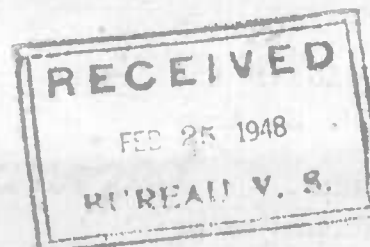
26. [illegible]

27. [illegible]

28. [illegible]

29. [illegible]

30. [illegible]



ATTORNEY GENERAL

PAGLINTEN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

01919

CERTIFICATE OF DEATH

Reg. Dist. No. 230

1. PLACE OF DEATH:

County Pr. Geo. Co.City or town Greenbelt, Md.
(if outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Pr. Geo. Co.City or town Greenbelt
(if outside city or town limits, write RURAL and give nearest town)Street No. 207 Hillside Road
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Olga Temperance Hughes

3. (b) Social Security Number

4. Sex

F.

5. Color or race

W

6.(a) Single, married, widowed, or divorced

widow

6.(b) Name of husband or wife

Ernest B. Hughes

6.(c) If alive, give age..... years

7. Birth date of

deceased (mo., day, yr.)

Nov-12-1875

8. AGE:

Years

Months

Days

If less than one day

72

hrs.

min.

9. Birthplace

Bentonville, Ark.
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

MOTHER FATHER

12. Name

Joseph Lindsay

13. Birthplace

Ark.

14. Maiden name

Nomia Curtis

15. Birthplace

Ark.

16. Informant

Miss Birdie Hughes

Address

207 Hillside Rd.

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Burial
Sapulpa, Okla.

Location

18. Funeral director

Address

W. C. Hughes Co.
Kimberly, Md.

19.

(Date rec'd by registrar)

Feb. 18, 1948
Mrs. Joe Severel
Deputy Social Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

2/1819.. 48 at 6:15 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

February 17, 1948 to February 18, 1948and that I last saw him alive on February 18, 1948

Immediate cause of death

Cerebral hemorrhage

DURATION

20 hrs

Due to

Hypertensive cerebro-renal
disturbance15 years

Due to

Other conditions

Probable coronary5 years

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

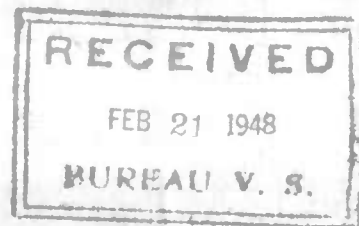
Injured at work?

23. SIGNATURE

M. D. or other

Address 30-B Bridge Rd. Greenbelt, Md. Date signed 2-18-48

Worner & Boyd notified and approved.
H.W.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

926

01920
243

Reg. Dist. No.

1. PLACE OF DEATH: *Pro Geo Co*
 County *High Bridge Ind*
 City or town *High Bridge Ind*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? *5 yrs*
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State *Md* County *Pro Geo*
 City or town *High Bridge Ind*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2(a) If veteran, name war

3. (a) FULL NAME

Florence May Ickes

3. (b) Social Security Number

4. Sex *Female* 5. Color or race *white* 6. (a) Single, married, widowed, or divorced *married*
 6. (b) Name of husband or wife *George L. Ickes*
 7. Birth date of deceased (mo., day, yr.) *Feb 12, 1899* 6. (c) If alive, give age years
 8. AGE: Years *49* Months *0* Days *4* If less than one day hrs. min.

9. Birthplace *Penna*
 (Town, county, and state)
 10. Usual occupation *housewife*
 11. Industry or business *own Taylor*

FATHER 12. Name *Ra* 13. Birthplace *unknown*
 MOTHER 14. Maiden name *Ra* 15. Birthplace *George L. Ickes*

16. Informant *High Bridge Ind*
 Address *High Bridge Ind*
 17. *Burial* Date thereof *2/28/48*
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory *St. Lincoln*
 Location *Washington D.C.*

18. Funeral director *F. Glaspie son*
 Address *Myattsville Md*

19. *2/28* 19 *48* *Amanda Downes*
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

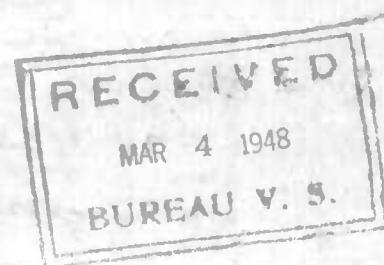
20. DATE OF DEATH *February 26* 19 *48* at *2 P.* M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *December 3, 1947* to *February 26, 1948*
 and that I last saw him alive on *February 26, 1948*
 Immediate cause of death *Cerebral embolism* DURATION *instantly*
 Due to *Correlative heart failure* *5 months*
auricular fibrillation
 Due to *myocardial degeneration* *10 years?*
 Other conditions *embolism of ant. hypogastric artery* *18 hrs*
 (Include pregnancy within 9 months of death)

Major findings of operations Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE *Flora Woodard M.D.*
 Address *30-B Bridge Ave. Greentree* Date signed *2-26-48*
 M. D. or other



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:

County Prince GeorgesCity or town M. Brantwood
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 6 yrs

Hospital, institution, or street address where death occurred

4501 Church Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince GeorgesCity or town M. Brantwood
(If outside city or town limits, write RURAL and give nearest town)Street No. 4501 Church Street
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Dora Jones

3. (b) Social Security Number

4. Sex F5. Color or race C. Widowed

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife Willie Jones (Dec)

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) June 15, 18868. AGE: 68 Years 6 Months 0 Days If less than one day

_____ hrs. _____ min.

9. Birthplace Waynesboro, Georgia
(Town, county, and state)10. Usual occupation retired (lived with daughter)

11. Industry or business

12. Name Spine Howard13. Birthplace Georgia14. Maiden name Dora Howard15. Birthplace Waynesboro, Georgia16. Informant Mary Ann BurtonAddress 4501 Church St. N. Brantwood Md17. Burial Date thereof 8-18-1948
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Lincoln Maus. Cent.Location Baltimore - Maryland -18. Funeral director John S. Thingers Co.Address 901-3 St. S. W.19. Feb 17 1948 Edna F. Collier
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 15th 1948 at 3:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 12, 1948 to Feb 15, 1948and that I last saw him or her alive on Feb 14, 1948Immediate cause of death plemia followingsepsis DURATION 10 daysDue to Neptus toe toxemia 2-3 yrs.

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

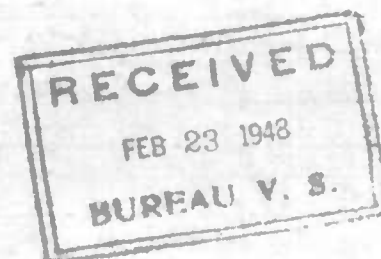
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Thos. H. Spiller M.D.Address Brantwood, Md Date signed 2-15-48



Reg. Diat. No. 207

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 17 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

164a.

01923

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

County Prince Georges
 City or town Cottage City
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 27 years
 Hospital, institution, or street address where death occurred:
3807-40th Place
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges
 City or town Cottage City
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 3807-40th Place
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Alan Leighton

3. (b) Social Security Number

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Male White Married

6.(b) Name of husband or wife Rachel Leighton

7. Birth date of deceased (mo., day, yr.) March 26, 1890
 6.(c) If alive, give age 58 years

8. AGE: Years Months Days If less than one day
57 10 7 hrs. min.

9. Birthplace Concord, New Hampshire
 (Town, county, and state)

10. Usual occupation Chemist11. Industry or business Retired U.S. Govt.12. Name Fred. Leighton13. Birthplace Concord, New Hampshire14. Maiden name Irene Harnden15. Birthplace Cottage City, Md.16. Informant Mrs. Rachel LeightonAddress Cottage City, Md.

transportation Date thereof Feb 4, 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory WarrenLocation New Hampshire18. Funeral director F. Gaeke sonsAddress Hyattsville Md.

Feb 4 1948 James Severy Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH February 3 1948 at 4:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 19 , to 19

and that I last saw him alive on 19

Immediate cause of death Asphyxia

Due to Hanging

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide suicide Date of 2-3-48

Where did injury occur? Cottage City (City or town) Prince Georges (County) Md. (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Hanged self in attic Means of work?

23. SIGNATURE James J. Severy M.D. or other

Address Forestville, Md. Date signed 2-3-48

 (Date rec'd by registrar)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of
birthdate, shown on

FILM No. G 114 MAR 4 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

83a

01924

Reg. Dist. No. 2485

1. PLACE OF DEATH:

County PRINCE GEORGES

City or town RIVERDALE
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 years

Hospital, institution, or street address where death occurred:
4676 WOODBERRY RD.

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County PRINCE GEORGES

City or town HYATTSVILLE
(If outside city or town limits, write RURAL and give nearest town)

Street No. 3713 KENNEDY
(If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME

WILLIAM BRITTON LEWIS

3. (b) Social Security Number

4. Sex M

5. Color or race W

6. (a) Single, married, widowed, or divorced WIDOWED

6. (b) Name of husband or wife SARAH CORDELIA LEWIS

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) DEC. 23 1872 Apr. 3, 1860

8. AGE: Years 87 Months 10 Days 22 If less than one day — hrs. — min.

9. Birthplace MURPHY, N. C.
(Town, county, and state)

10. Usual occupation BUILDING CONTRACTOR

11. Industry or business CONSTRUCTION

12. Name ELI WASHINGTON LEWIS

13. Birthplace NORTH CAROLINA

14. Maiden name FRANCES REPOSS

15. Birthplace NORTH CAROLINA

16. Informant FRED M. LEWIS

Address 2331 15 ST N.W. WASH. DC.

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof 2/26/48
(month) (day) (year)

Cemetery or crematory Ozone Cemetery

Location Ozone, Tenn

18. Funeral director W.W.B. Lewis &

Address Winndall, Md

19. 2/26 19 48 Amanda Downey
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH FEB 25 19 48, at 7:10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from APRIL 19 47, to FEB 19 48

and that I last saw him alive on FEB 25 19 48

Immediate cause of death CEREBRAL HEMMORRHAGE

AND CEREBRAL THROMBOSIS

Due to CEREBRAL ARTERIO-SCLEROSIS

Due to GENERALIZED ARTERIO-SCLEROSIS

Other conditions LEFT HEMIPLEGIA

(Include pregnancy within 3 months of death)

Major findings of operations —

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

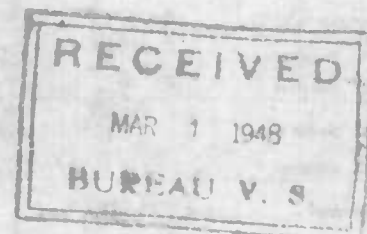
Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE Benjamin S. Miller M.D.

M. D. or other —

Address 3824-34th St. Mt. Rainier Date signed Feb 25 48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 01925 243

1. PLACE OF DEATH:

County..... Prince Georges
 City or town..... Glenn Dale, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 yr., 2 mos., 15 days
 Hospital, institution, or street address where death occurred:
 Glenn Dale Sanatorium
 How long in hospital or institution? 1 yr., 2 mos., 15 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... D. C. County.....
 City or town..... Washington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 415 Peabody St., N. W.
 (If rural, give LOCATION)
 2. (a) If veteran, name war.....

3. (a) FULL NAME

LYLE PHYLLIS, P.

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife John E. Lyle
 6. (c) If alive, give age 49 years
 7. Birth date of deceased (mo., day, yr.) September 20, 1896
 8. AGE: Years Months Days It less than one day
 51 51 4 21hrs.min.

9. Birthplace..... Brookville, Pennsylvania
 (Town, county, and state)

10. Usual occupation..... Housewife

11. Industry or business..... -

FATHER 12. Name..... James A. Paddock
 13. Birthplace..... Pennsylvania

MOTHER 14. Maiden name..... Margaret Reynolds
 15. Birthplace..... Pennsylvania

16. Informant..... Deceased
 Address.....

17. Cremation..... Date thereof 2/13/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Cedar Hill
 Location..... Prince George's County, Maryland

18. Funeral director..... S. H. Hines Co.
 Address..... 2901-14th St. N. W.

19. Feb. 12, 1948. Rowland S. Phillips
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Febr. 11, 1948, at 2:15 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11/26 1945 to 2/11 1948 and that I last saw him alive on 2/11 1948.

Immediate cause of death..... Pulmonary tuberculosis DURATION 38 mos.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... Daniel Leo Finicare MD.

Address..... Glenn Dale, Md. Date signed 2/14/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Do not correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

161c

01926

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:

County..... Prince George's
 City or town..... Cheverly
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 4 hours 1 minute
 Hospital, institution, or street address where death occurred:
 Prince George's General
 How long in hospital or institution? 4 hours 1 minute

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland..... County..... Prince George's
 City or town..... Edmonston
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 5200 Decatur Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Baby Girl Lyles

3. (b) Social Security Number

4. Sex..... F..... 5. Color or race..... W..... 6.(a) Single, married, widowed, or divorced..... S.....
 6.(b) Name of husband or wife.....
 6.(c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.) February 15, 1948
 8. AGE: Years..... Months..... Days..... It less than one day.....
 4 hrs. 1 min.

9. Birthplace..... Cheverly, Prince George's, Maryland
 (Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

12. Name..... Wallace Dudley Lyles

13. Birthplace..... Washington, D.C.

14. Maiden name..... Eva Elizabeth Byfield

15. Birthplace..... Indiana Maryland

16. Informant..... Hospital Records

Address.....

17. Burial Date thereof..... Feb 17, 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory..... Evergreen

Location..... Bladenburg Md

18. Funeral director..... F Gesche's Sons

Address..... Hyattsville Md

19. 2/16/48 1948 Amanda Downey
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... February 15..... 1948..... at 5:00A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/15..... 1948..... to 2/15..... 1948.....

and that I last saw h..... er..... alive on February 15..... 1948.....

Immediate cause of death..... Umbilical Hemorrhage.....

DURATION
20 min.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

..... Date of op.

Autopsy results..... same.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... John D. Maloney M.D.
 M. D. or other

Address..... Cheverly - Hyattsville Md 2-15-45
 Date.....

RECEIVED

FEB 17 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

01927
231

1. PLACE OF DEATH:

County..... Prince George's
 City or town..... Cheverly
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 17 days 21 hrs. 38 mins.
 Hospital, institution, or street address where death occurred:
Prince George's General
 How long in hospital or institution?..... 17 days 21 hrs. 38 mins.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... Maryland County..... Prince George's
 City or town..... Lanham
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2. (a) If veteran, name war.....

3. (a) FULL NAME

Annibelle Mallory

3. (b) Social Security Number

4. Sex..... F 5. Color or race..... W 6. (a) Single, married, widowed, or divorced..... Married
 6. (b) Name of husband or wife..... Lawrence O. Mallory
 7. Birth date of deceased (mo., day, yr.)..... November 16, 1871 6. (c) If alive, give age..... years
 8. AGE: Years..... 76 Months..... 2 Days..... 30 If less than one day..... hrs. min.

9. Birthplace..... Virginia
 (Town, county, and state)
 10. Usual occupation..... Housewife
 11. Industry or business.....
 12. Name..... John Leetch
 13. Birthplace..... Scotland
 14. Maiden name..... Victoria Merrill
 15. Birthplace..... Virginia

16. Informant..... Hospital Records
 Address.....
 17. Burial Date thereon..... Feb 18, 1948
 (Burial, cremation, or removal, Which) (month) (day) (year)
 Cemetery or crematory..... Oak Hill
 Location..... Washington D.C.
 18. Funeral director..... J. Leetch's sons
 Address..... Hyattsville Md
 19. 2/17 48 Amanda Douney
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... 2/15 19 48 at 2:23 P M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
1/29 19 48 to 2/15 19 48
 and that I last saw him/her alive on 2/15 19 48

Immediate cause of death..... Pulmonary embolism
(clinical diagnosis)

DURATION
20 minutes

Due to..... Cause undetermined

Due to.....

Other conditions..... Pneumonia - bronchitis (49/48 aka)
Thrombocytopenic purpura
 (Include pregnancy within 3 months of death)

Major findings of operations..... none
 Date of op.....

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury..... Injured at work?

23. SIGNATURE..... Julius Kuffman, MD
5423 Annapolis Road
Bladensburg Md. M. D. or other
 Address..... Date signed.....

RECEIVED

FEB 18 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County..... Prince Georges
 City or town..... Glenn Dale, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 5 mos., 29 days
 Hospital, institution, or street address where death occurred:
 Glenn Dale Sanatorium
 How long in hospital or institution?..... 5 mos., 29 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... D. C. County.....
 City or town..... Washington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... 818 New Jersey Ave., N. W.
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... ✓

3. (a) FULL NAME

MARKS JULIA M.

3. (b) Social Security Number

578-20-3298

4. Sex..... Female
 5. Color or race..... Negro
 6. (a) Single, married, widowed, or divorced..... Married
 6. (b) Name of husband or wife..... James B. Marks
 6. (c) If alive, give age..... 27 years
 7. Birth date of deceased (mo., day, yr.)..... March 14, 1924
 8. AGE: Years..... 23 Months..... 23 Days..... 5 It less than one day..... hrs. min.

9. Birthplace..... Washington, D. C.
 (Town, county, and state)

10. Usual occupation..... Housewife

11. Industry or business.....

12. Name..... Edward J. Tobin
 13. Birthplace..... Louisville, Kentucky

14. Maiden name..... Maria C. Staff
 15. Birthplace..... Orange, Virginia

16. Informant..... Deceased

Address.....
 17. To Washington, D.C. Date thereof..... 2/20/48
 (Burial, cremation, or removal. Which?)..... (month) (day) (year)

Cemetery or crematory.....
 Location..... To Washington D.C.

18. Funeral director..... Michael J. Lehey Inc.
 Address..... 424 R St. NW

19. Feb. 20, 1948 Rowland S. Phillips
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Febr. 19 19 48 at 6¹⁵ 2. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8/20 19 47, to 2/19 19 48
 and that I last saw h. alive on 2/19/19 48

Immediate cause of death..... Pulmonary Tuberculosis 10 mos.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... Daniel Leo Pinucare MD.

Address..... Glenn Dale Md. Date signed..... 2/19/48

RECEIVED

MAR 2 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: Prince George.
County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 30 days
Hospital, institution, or street address where death occurred:
Mother Jones Rest Home
How long in hospital or institution? same

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants, give residence of mother)
State..... Md. County..... Prince George.
City or town..... Riverdale.
(If outside city or town limits, write RURAL and give nearest town)
Street No. 6103 - Baltimore Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME: Lulpe Lee. Messersmith.
3. (b) Social Security Number

4. Sex: Female 5. Color or race: White 6. (a) Single, married, widowed, or divorced: Widowed.
6. (b) Name of husband or wife: Wm E. Messersmith.

7. Birth date of deceased (mo., day, yr.): Oct 16, 1866 6. (c) If alive, give age..... years

8. AGE: Years: 81 Months: 3 Days: 28. If less than one day: hrs. min.

9. Birthplace: Baltimore Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

12. Name: Justus Snyder

13. Birthplace: Pa.

14. Maiden name: Maria Benson

15. Birthplace: Md.

16. Informant: Paul Messersmith

Address: Riverdale Md.

17. Burial Date thereof: Feb 17, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory: Greenmount

Location: Baltimore Md.

18. Funeral director: J. Gaschi sons

Address: Hyattsville Md.

19. Feb 17 1948 Mrs. Jas. Severe

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 14 1948 at 5 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 25 1948 to Feb 14 1948

and that I last saw her alive on Feb 14 1948.

Immediate cause of death: Pneumonia, Broncho 2 days

Due to: Cardiovascular Disease 2 yrs

Other conditions: Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results: PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE: Howard T. Morse M.D. or other

Address: 28 Carroll Ave. (Home Park Rd) Date signed: 2/14/48

RECEIVED

FEB 18 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01930

Reg. Dist. No.

1. PLACE OF DEATH:

County Pr Geo
 City or town Rural - Upper Marlboro
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Pr Geo
 City or town Rural - Upper Marlboro Md
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 3 miles SW - Upper Marlboro
 (If rural, give LOCATION)
 2(a) If veteran, name war

3. (a) FULL NAME

Alexander Moore

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

MWMarried6. (b) Name of husband or wife Lillian I Moore

7. Birth date of deceased (mo., day, yr.)

Jan 26, 18926. (c) If alive, give age 25 years

8. AGE:

Years

Months

Days

If less than one day

76114hrs.min.

9. Birthplace

Pr Geo Co Maryland
(Town, county, and state)

10. Usual occupation

Ret

11. Industry or business

Farm

FATHER MOTHER

12. Name

Joseph Cy Moore

13. Birthplace

Pr Geo Co

14. Maiden name

Mar Thompson

15. Birthplace

Pr Geo Co

16. Informant

M. Mercen Moore

Address

Upper Marlboro Md

17.

(Burial, cremation, or removal, which?)

Date thereof

2-23-48
(month) (day) (year)

Cemetery or crematory

Trinity

Location

Upper Marlboro Md

18. Funeral director

Pitcher Brothers

Address

Upper Marlboro Md

19.

(Date rec'd by registrar)

19

48Jan 211948Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 20 Feb 1948, at 4:45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 1947 to 19 Feb 1948
and that I last saw him alive on 19 Feb 1948

Immediate cause of death

Cardiac decompensation

DURATION

6 min

Due to

arteriosclerotic C.V. disease2 wk

Due to

Other conditions

diabetic mellitus14 yrs

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Boat

Injured at work?

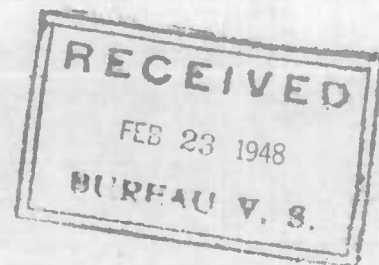
23. SIGNATURE

R.B. James

M. D. or other

Address

Upper Marlboro MdDate signed 20 Feb 48



67
18

4
7
1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:
 County..... Prince Georges
 City or town..... Glenn Dale, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 1 yr., 1 mo., 29 days
 Hospital, institution, or street address where death occurred:
 Glenn Dale Sanatorium
 How long in hospital or institution?..... 1 yr., 1 mo., 29 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State..... D. C. County.....
 City or town..... Washington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... 1010 S. Capitol St., S. E.
 (If rural, give LOCATION) ✓

2.(a) If veteran, name war.....

3. (a) FULL NAME

MOSS JOHN H

3. (b) Social Security Number

577-34-7382

4. Sex..... Male
 5. Color or race..... Negro
 6. (a) Single, married, widowed, or divorced..... Single
 6. (b) Name of husband or wife..... -
 6. (c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.)..... July 9, 1925
 8. AGE: Years..... 22 Months..... 22 Days..... 7 If less than one day..... hrs. min. 10

9. Birthplace..... Brunswick, Virginia
 (Town, county, and state)
 10. Usual occupation..... Bundle Boy - Apt. House
 11. Industry or business..... -
 12. Name..... James M. Moss
 13. Birthplace..... Brunswick, Virginia
 14. Maiden name..... Clarie Johnson
 15. Birthplace..... Brunswick, Virginia

16. Informant..... Deceased
 Address.....

17. Removal..... Date thereof..... Feb. 19, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... to Washington, D.C.
 Location.....
 18. Funeral director.....
 Address..... 1213 4th St., S.W. Wash., D.C.

19. Feb. 19, 1948 Rowland P. Phillips
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Feb. 19, 1948 at 3:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/20, 1946, to 2/19, 1948
 and that I last saw him alive on 2/19, 1948

Immediate cause of death..... pulmonary tuberculosis
 DURATION 14 mos.

Due to.....
 Due to.....

Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings of operations.....
 Date of op.....

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?

23. SIGNATURE..... Daniel Leo Pinucane M.D.
 Address..... Glen Dale Md. Date signed..... 2/19/48

RECEIVED

MAR 2 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

CERTIFICATE OF DEATH

Reg. Dist. No.

01932

232

1. PLACE OF DEATH:

County Prince GeorgesCity or town Pitts
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 9 mo 6 mo

Hospital, institution, or street address where death occurred:

Pr Geo Co AlmshouseHow long in hospital or institution? 9 mo 1 mo

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Pr. Geo CountyCity or town Berwyn
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Joseph L. Nichols

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

December 1, 1868

8. AGE:

7929

If less than one day

hrs.

min.

9. Birthplace

Lucy, Virginia

(Town, county and state)

10. Usual occupation

Farm

11. Industry or business

MOTHER FATHER

12. Name

George Nichols

13. Birthplace

Madison Co. Virginia

14. Maiden name

Isbell House

15. Birthplace

Stony Lane Virginia

16. Informant

Pr Geo Co Almshouse

Address

6501 Cray Rd SE Wash DC

17. (Burial, cremation, or removal, Which?)

Burial

Date thereof

2-15-48

Cemetery or crematorium

Pr Geo Co Almshouse

Location

Pitts, Md

18. Funeral director

Hitchcock Bros

Address

5744 1st St NW

19. (Date rec'd by registrar)

Feb 13 1948

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-10-48 19 48 at 12:15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 47 to Feb 10 1948
and that I last saw him 1 PM alive on Feb 5 1948

Immediate cause of death

Hypertensive Cardiac
Vascular Renal Disease

DURATION

7

Due to _____

Due to _____

Other conditions

Cardiac asthma3 weeks

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work? _____

23. SIGNATURE

John J. Maloney, M.D.
Cherley-Hitchcock Date signed 2-10-48

RECEIVED
FEB 13 1948
BUREAU • R

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01933

Reg. Dist. No.

232

1. PLACE OF DEATH:

County Prince Georges
 City or town Upper Marlboro
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Dead on arrival
 Hospital, institution, or street address where death occurred:
Dr. J. Sanders office
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State New Jersey County Passaic
 City or town Paterboro
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 468-10th Avenue
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

John Phillips

3. (b) Social Security Number

4. Sex male 5. Color of race white 6. (a) Single, married, widowed, or divorced single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) January 27, 1912
 8. AGE: 36 Years 0 Months 11 Days If less than one day hrs. min.

9. Birthplace New Jersey
 (Town, county, and state)

10. Usual occupation Salesman
 11. Industry or business Automobile Supply

12. Name Kassel Phillips
 13. Birthplace Palmdale

14. Maiden name Gussie White
 15. Birthplace Palmdale

16. Informant Kassel Phillips
 Address 468-10th Ave, Paterson, N.J.

17. Shipment Date thereof 2-9-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Paterson, New Jersey
 Location Paterson, New Jersey

18. Funeral director Paterson Brothers
 Address Upper Marlboro, Md.

19. Feb 9 19 48 Registrar John Phillips

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH February 8, 1948, at 10:15 A.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw him alive on 19

Immediate cause of death acute congestive heart failure
 Due to Rheumatic heart disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

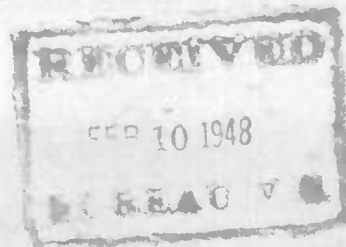
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Deputy Medical Examiner
 23. SIGNATURE James D. Boyd
 Address Forestville, Md. Date signed 2-9-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93d

01934

Reg. Dist. No. 231

1. PLACE OF DEATH:

County Prince George
 City or town Cheney
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 9 days
 Hospital, institution, or street address where death occurred:
Mr. Geo. Benil Hosp
 How long in hospital or institution? 9 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md. County Pr. Geo.
 City or town Hyattsville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 5807 44th ave
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Pickens, Effie

3. (b) Social Security Number

4. Sex F 5. Color or race w 6.(a) Single, married, widowed, or divorced m
 6.(b) Name of husband or wife John H. Pickens
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) 5-1-1875
 8. AGE: Years 72 Months _____ Days _____ It less than one day _____ hrs. _____ min.

9. Birthplace Indiana
(Town, county, and state)10. Usual occupation R.W.

11. Industry or business

12. Name Marianne Shields
 13. Birthplace Ruth Nixon
 14. Maiden name Sue
 15. Birthplace Sue

16. Informant Mr. John H. PickensAddress 5807 44th Ave. Hyattsville

17. (Burial, cremation, or other) Burial Date thereof 7/14/48 (month) (day) (year)
 Cemetery or crematory Fort Lincoln Cemetery
 Location Washington

18. Funeral director W.W. Chambers & CoAddress Riverside - Md.19. (Date rec'd by registrar) Feb 14 1948 Amanda Downey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-12- 1948 at 1:45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 15 1946 to Feb 12 1948
 and that I last saw him alive on Feb 11 1948

Immediate cause of death

Cerebral AccidentsDue to Hypertension HeartDue to Decadence

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE Albert L. Ve. II.

M. D. or other

Address Hyattsville, Md. Date signed 2-12-48

RECEIVED

FEB 17 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

 01935
 Reg. Dist. No. 231

1. PLACE OF DEATH:

 County Prince George
 City or town Colmar Manor
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 10 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

 (For newborn infants give residence of mother)
 State Maryland County Pro. Geo
 City or town Colmar Manor
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 3402 41 st. Ave.
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

John Henry Rose

3. (b) Social Security Number

 4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Louise Rose
 7. Birth date of deceased (mo., day, yr.) Sept. 23, 1888 6. (c) If alive, give age 58 years
 8. AGE: Years 59 Months Days If less than one day
 hrs. min.

 9. Birthplace Brooklyn, New York
 (Town, county, and state)
 10. Usual occupation Book Binder
 11. Industry or business Government

 12. Name Frederick C. Rose
 13. Birthplace Brooklyn, New York
 14. Maiden name Mary Whiteneich
 15. Birthplace Brooklyn, New York
 16. Informant Louise Rose
 Address Colmar Manor, Md.

 17. Transportation Feb. 10, 1948 Date thereof (month) (day) (year)
 (Burial, cremation, or removal, Which?)
 Cemetery or crematory Leo F. Kearns Funeral Co.
 Location 141-15 Rockaway Blvd. south zone park new York
 18. Funeral director F. Seach's sons
 Address Hyattsville, Md.

 19. 2/9/48 19 48 Amanda Douney
 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

 20. DATE OF DEATH February, 8 19 48 at 8:45P M

 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9/9/47 to 2/8/48
 and that I last saw him alive on 2/8/48

 Immediate cause of death Carcinoma of Stomach
Polypoid type DURATION

 Due to
 Due to
 Other conditions

(Include pregnancy within 3 months of death)

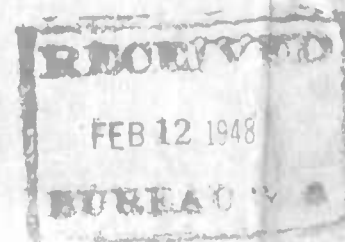
 Major findings of operations
 Date of op.

 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

 22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)

 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

 23. SIGNATURE George H. Hagan M. D. or other
 Address 3717-38th St Date signed 2/9/48



Evidence for change of age and
birth date shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

01936

FILM No. G 114 APR 5 1948

CERTIFICATE OF DEATH

Reg. Dist. No. 230

1. PLACE OF DEATH:

County Prince George Co. Md.

City or town Beltsville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 41 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

Male

5. Color of face

W

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife Gertrude V. Ross

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-16-1881 1879

8. AGE:

Years

Months

Days

If less than one day

68 67

hrs.

min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Dept of Agriculture

12. Name Augustus Ross Sr.

13. Birthplace Maryland

14. Maiden name Sarah Harrison

15. Birthplace Maryland

16. Informant Dorothy Hamrick

Address Beltsville Maryland

17. Burial Date thereof 2-19-1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Queens Chapel

Location Markirk Maryland

18. Funeral director Henry J. Washington Inc

Address 467 N. St. N.W.

19. July 16th 1948
(Date read by registrar)

John E. Smith
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George

City or town Beltsville
(If outside city or town limits, write RURAL and give nearest town)

Street No. Beltsville Maryland
(If rural, give LOCATION)

2. (a) If veteran, name war NONE

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH 2 16 1948, at 3:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2 13 1948, to 7 16 1948

and that I last saw him alive on 2 16 1948

Immediate cause of death Central Hemorrhage

DURATION

3 d

Due to Arteriosclerosis

Due to 18 yr

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B. P. Brown M. D. or other

Address Queen's Chapel Date signed 2-16-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Handwritten signature

10 2 11 2

Handwritten notes

RECEIVED
FEB 18 1943
BUREAU V. S.

RECEIVED
FEB 18 1943
BUREAU V. S.

Handwritten signature

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 163-D

02133

CERTIFICATE OF DEATH

Reg. Dist. No. 2445

1. PLACE OF DEATH:

County: HyattsvilleCity or town: Hyattsville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 year

Hospital, institution, or street address where death occurred:

3702 - Kennedy Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Prince GeorgesCity or town: Hyattsville
(If outside city or town limits, write RURAL and give nearest town)Street No. 3702 - Kennedy
(If rural, give LOCATION)

2.(a) If veteran, name War

3. (a) FULL NAME

Edgar Raymond Sando

3. (b) Social Security Number

4. Sex

Male

5. Color of face

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Marion L Sando6. (c) If alive, give age 21 years

7. Birth date of

deceased (mo., day, yr.)

July 16, 1919

8. AGE:

24 Years6 Months25 Days

If less than one day

hrs. min.

9. Birthplace

Maryland
(Town, county, and state)

10. Usual occupation

Tool maker

11. Industry or business

Wash yard

12. Name

Edgar P Sando

13. Birthplace

Maryland

14. Maiden name

Nancy Whiskell

15. Birthplace

Washington DC

16. Informant

Marion Sando

Address

Hyattsville Md

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

Feb 14, 1944
(month) (day) (year)

Cemetery or crematory

Fort Lincoln Cemetery

Location

Edmar Manor Md

18. Funeral director

F. Koschke son

Address

Hyattsville Md

19. Feb. 12, 1944

(Date received by registrar)

Mrs. Joe SeveroDeputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 10 19 44 at 5:42 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19....., to..... 19.....

and that I last saw h..... alive on..... 19.....

Immediate cause of death

Asphyxia

DURATION

Due to

Carbon monoxide

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide suicide Date of 2-10-44Where did injury occur? Hyattsville Md
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) HomeMeans of injury Carbon monoxide Injured at work? no23. SIGNATURE James S. Forestall
M. D. or otherAddress: Forestville Md Date signed: 2-10-44

RECEIVED
FEB 16 1944
BUREAU U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 01937
nfb

1. PLACE OF DEATH:

County Pr Geo. Co
City or town Berwyn md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Pr Geo Co
City or town Berwyn md
(If outside city or town limits, write RURAL and give nearest town)
Street No. 4915 Erie St
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Sophia Schaffer

3. (b) Social Security Number

4. Sex FEMALE 5. Color or race White 6.(a) Single, married, widowed, or divorced widow
6.(b) Name of husband or wife Geo. F. Schaffer
6.(c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) April 14 - 1853
8. AGE: Years 94 Months 10 Days 12 If less than one day _____ hrs. _____ min.9. Birthplace Germany
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name Geo F Schaffer13. Birthplace Germany14. Maiden name Reever15. Birthplace Germany16. Informant Mrs Carrie CoppAddress 4915 - Erie St. Berwyn md17. (Burial, cremation, or removal. Which?) Burial Date thereof 2/28/48

(Burial, cremation, or removal. Which?) (Month) (day) (year)

Cemetery or crematory Prospect Hill ChurchLocation West side18. Funeral director W. C. Hawks & CoAddress Riverdale, Md19. Feb 27 1948 James Leroy

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 26 FEB 1948 at 9 45 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9 FEB 1948 to 26 FEB 1948and that I last saw ER alive on 24 Feb 1948Immediate cause of death Myocardial InfarctionDue to Congestive Heart FailureDue to Coronary Artery DiseaseOther conditions General debility

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: Accidental Fall 4 FEB/48Accident, suicide, or homicide BERWYN Pr Geo MD

Where did injury occur? (City or town) (County) (State)

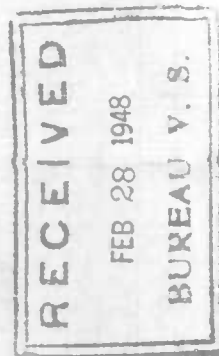
Injured at home, farm, industry, public place (where?) HomeMeans of Injury accidental fall Injured at work? no23. SIGNATURE Dr. E. H. M. D.Address Berwyn, Md Date signed _____

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Medical Examiner for Geo County
notified 10th May 1-26-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

01938

243

1. PLACE OF DEATH:

County..... Prince Georges
 City or town..... Glenn Dale, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 2 mos., 9 days
 Hospital, institution, or street address where death occurred:
 Glenn Dale Sanatorium
 How long in hospital or institution?..... 2 mos., 9 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... D. C. County.....
 City or town..... Washington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 624 Acker St., N. E.
 (If rural, give LOCATION)
 2(a) If veteran, name war.....

3. (a) FULL NAME

WILLIAM SCOTT

3. (b) Social Security Number

577-32-0639

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife..... Janice Scott

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) March 10, 1889

8. AGE: Years 58 Months 58 Days 10 If less than one day 27 hrs. min.

9. Birthplace..... ? Alabama (Town, county, and state)

10. Usual occupation..... Fireman

11. Industry or business..... -

12. Name..... Limous Scott

13. Birthplace..... ?

14. Maiden name..... Silla James

15. Birthplace..... ? Alabama

16. Informant..... Deceased

Address

17. Removal to wash. or (Burial, cremation, or removal. Which?) Date thereof 2 8 48 (month) (day) (year)

Cemetery or crematory.....

Location.....

18. Funeral director..... Maloney & Schaefer Inc

Address 424 R St. NW

19. L. C. Phillips Registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Feb. 6 48 at 7:25 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 27 1947 to Feb 6 1948 and that I last saw him alive on Feb 6 1948

Immediate cause of death Sclerosis DURATION Unknown

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE..... Daniel Leo Fineman MD M. D. or other

Address..... Glen Dale Md Date signed 2/6/48

RECEIVED

FEB 23 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

01939

932

nfs

1. PLACE OF DEATH

County Prince George's

City or town Mr. Palmer
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 weeks

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Geo.

City or town Mr. Palmer
(If outside city or town limits, write RURAL and give nearest town)

Street No. 3821 1/2 34th St
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Mary Elizabeth Seaborn

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

widowed

6. (b) Name of husband or wife

Robert B. Seaborn

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

May 12 - 1864

8. AGE:

Years

83

Months

9

Days

12

If less than one day

hrs. min.

9. Birthplace

Brandywine, Md.
(Town, county, and state)

10. Usual occupation

At home

11. Industry or business

FATHER

12. Name

John D. Wall

13. Birthplace

Md.

MOTHER

14. Maiden name

Unknown

15. Birthplace

"

16. Informant

Mrs. Rosa Layman

Address

3821-34th Mr. Palmer Md.

17. (Burial, cremation, or removal, which?)

Burial Date thereof 2-29-48
(month) (day) (year)

Cemetery or crematory

St. Thomas

Location

Crown, Md.

18. Funeral director

Petrie Bros.

Address

Wm. E. Marshall, Md.

19. (Date rec'd by registrar)

Feb 196 48

James Berry

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH FEBRUARY 26 1948 at 9:25 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 14 1948 to Feb. 26 1948

and that I last saw him alive on Feb. 25 1948

Immediate cause of death

Chronic Congestive Failure

DURATION

?

Due to Generalized arterio-sclerosis

Due to

Other conditions

HYPERTENSION

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

D. J. Blayman, Md.

M. D. or other

Address 4118-30th St.

Date signed 2/26/48

Mr. Seaborn, Md.

MARGIN RESERVED FOR BINDING

I

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly

RECEIVED

FEB 28 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01940

Reg. Dist. No.

239

1. PLACE OF DEATH:

County PRINCE GEORGE'S
City or town LAUREL, MD.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 YEARS
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State MARYLAND County PRINCE GEORGE'S
City or town LAUREL
(If outside city or town limits, write RURAL and give nearest town)
Street No. EIGHTH STREET
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME

MARY SOLOMON

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

FEMALE NEGRO WIDOW

6. (b) Name of husband or wife LEWIS SOLOMON

7. Birth date of deceased (mo., day, yr.) MARCH 17, 1891 6. (c) If alive, give age years

8. AGE: Years Months Days If less than one day
66 11 1 hrs. min.

9. Birthplace VIRGINIA
(Town, county, and state)

10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name NATHAN CARTER

13. Birthplace VIRGINIA

14. Maiden name KATE ?

15. Birthplace VIRGINIA

16. Informant Bertie Gray

Address Laurel Md

17. BURIAL Date thereof FEB. 21, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory MURKIRK

Location MURKIRK, MD.

18. Funeral director RIDGLEY'S SELBY

Address 401 WASH. BLVD. LAUREL MD

19. 2-21 1948 Cora E. Wachter
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH FEB. 17 19 48, at 10:15 AM

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Nov. 10 19 47 to FEB. 17 19 48

and that I last saw him alive on FEB. 16 19 48

Immediate cause of death Cerebral hemorrhage right hemiplegia DURATION 3 days

Due to arteriosclerosis, generalized 10-15 YRS.

Due to

Other conditions Diabetes mellitus 5 YEARS
Myocardial infarction 3 MONTHS
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. Stephens MD. M. D. or other

Address Laurel, Md Date signed 2/20/48

MARGIN RESERVED FOR BINDING

VS A15 945-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 28 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

01941

232

1. PLACE OF DEATH:

County Prince Georges
 City Hyattsville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3.3 yrs
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

none

3. (a) FULL NAME

Mary Jane Spencer

3. (b) Social Security Number

4. Sex

Female

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Allen Spencer

7. Birth date of deceased (mo., day, yr.)

Jun. 29, 18826. (c) If alive, give age, 84 years

8. AGE:

65 Months 18 Days hrs. min.

9. Birthplace

Prince Georges Co. Md.

10. Usual occupation

Homemaker

11. Industry or business

FATHER

12. Name

Jerry Douglas

13. Birthplace

Md.

14. Maiden name

Harriet Barry

15. Birthplace

Md.

16. Informant

Allen Spencer

17. Address

Hyattsville, Md.

17. Burial

Feb 18 1948

(Burial, cremation, or removal. Which?)

Cemetery or crematory

St. Mary's Cemetery

Location

Crofton, Md.

18. Funeral director

J. B. Johnson

Address

Springfield

19. Date rec'd by registrar

Feb 17 1948

Registrar

Enders

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Prince Georges
 City Hyattsville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Marlboro Road
 (If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 15, 1948 at 10 A.

21. I CERTIFY that death occurred on the date above stated—that I attended deceased from

Jan 16, 1948 to Feb 15, 1948
 and that I last saw him alive on Feb 15, 1948

Immediate cause of death

Cerebral Hemorrhage
(Recurrent)
 Due to (Purulent) or fatal Hemorrhage
Cerebral Jan 16 1948
 Due to generalized arteriosclerosis

DURATION

1 hr.
1 mo.
unknown

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, pub'c place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Princeton Yates

M. D.

Address Washington 1900Date signed Feb 15 1948

RECEIVED

FEB 18 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

932

01942

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

County Prince Georges
 City or town Huntersville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 45 Years
 Hospital, institution, or street address where death occurred:
Harmony and Hill Rd.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Prince Georges
 City or town Huntersville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Hill Rd.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Louise Spriggs

3. (b) Social Security Number

4. Sex Female 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife Vincent Spriggs
 7. Birth date of deceased (mo., day, yr.) 7 1871 6. (c) If alive, give age _____ years
 8. AGE: Years 77 ? Months _____ Days _____ It less than one day _____ hrs. _____ min.

9. Birthplace Alexandria, Va.
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business Own home
 12. Name unknown
 13. Birthplace _____
 14. Maiden name unknown
 15. Birthplace _____

16. Informant Mrs. Cornelia Spriggs
 Address Huntersville, Md.
 17. Removal Date thereof 2/9/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory _____

Location Washington D.C.
 18. Funeral director John F. Stewart
 Address 3014 St. M.E. Wash, DC
 19. 2-9 19. 48
 (Date rec'd by registrar) Registrar Carrie F. Campbell

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 9, 1948 at 5:15 A.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 5, 1940 to Feb 9, 1948
 and that I last saw him alive on Feb. 9, 1948
 Immediate cause of death _____

Hypertension
Hypertension
 Due to arterio-sclerotic
Disease
 Due to _____
 Other conditions Chronic Arthritis?
 (Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of Injury _____ Injured at work?

23. SIGNATURE H. C. Beeson M.D.
 Address 4423-Hunt Pl. NE Date signed Feb 9, 1948

UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

MEMORANDUM FOR THE DIRECTOR

RE: [Faint text]

NO CONTENT

RECEIVED
FEB 12 1948
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

01943
231

1. PLACE OF DEATH:

County Prince George
 City or town Cheverly
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 month - 1 da - 1³/₄ hr
 Hospital, institution, or street address where death occurred:
Prince George's
 How long in hospital or institution? 1 month - 1 da - 1³/₄ hr

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George
 City or town West Lanham H.S.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Rosa Sprouse

3. (b) Social Security Number

4. Sex F 5. Color or race white 6.(a) Single, married, widowed, or divorced widowed
Married
 6.(b) Name of husband or wife Wm Samuel Sprouse
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) August 26, 1888
 8. AGE: Years 59 Months 7 Days 10 If less than one day _____ hrs. _____ min.

9. Birthplace Virginia
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business _____
 12. Name Thomas
 13. Birthplace Pa
 14. Maiden name McIntosh
 15. Birthplace Pa

16. Informant Records
 Address Prince George's Hospital
Bureau
 17. (Burial, cremation, or removal. Which) Date thereof 2/20/48
 (month) (day) (year)
 Cemetery or crematory St. Lincoln Cemetery
Wash. D.C.
 Location West Lanham H.S.
 18. Funeral director W.W. Chambers & Co.
 Address Rivendale - Md.
Amanda Downey
 19. 2/20 48
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/18 19 48 at 4:45
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from years 19 _____ to _____
 and that I last saw him alive on 2/18/48

Immediate cause of death Congestive heart failure DURATION hrs
 Due to Coronary Arteriosclerosis
heart disease yrs
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____
 23. SIGNATURE Garon Dett mid
Rose, mid
434 Gallatin St. M. D. or other _____
 Address _____ Date signed 2/18/48

RECEIVED

FEB 21 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

01944
231

1. PLACE OF DEATH:

County Prince GeorgesCity or town Chesley

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Prince Georges Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Prince GeorgesCity or town Landoner Md

(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Stockman Mr. John H

3. (b) Social Security Number

4. Sex

M

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Phyllis Stockman

7. Birth date of

deceased (mo., day, yr.)

June 30, 1907

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

40726hrs.min.

9. Birthplace

Baltimore City, Md

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

John A. Stockman

13. Birthplace

Bolt. Md

MOTHER

14. Maiden name

Ella Dittmar

15. Birthplace

Germany

16. Informant

Wife

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19. 48

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/26 19. 48 at 10:45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

2/24 19. 48 to 2/26 19. 48and that I last saw him alive on 2/26 19. 48Immediate cause of death Heart failurequintic (1) strychnine (2)

DURATION

Due to Hypertension

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations Pulmonary hemorrhage deathAcute pulmonary congestion & subarachnoid hemorrhageAutopsy results Fatty liver

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____

(City or town)

(County)

(State)

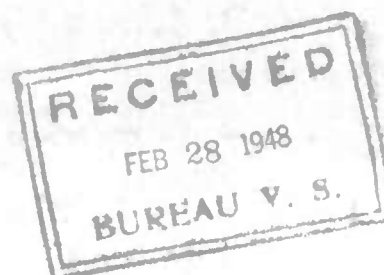
Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE George H. Hargrave

M. D. or other

Address 3717-38th Ave Date signed 2/26/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of
year of birth shown on

FILM No. G, 114 FEB 25 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1310

01945

245

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Pierce George
City or town W. Brentwood
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 yrs
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Julia Johnson Streets

4. Sex F 5. Color or race W.C. 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Eli Streets

(deceased) 8. (c) If alive, give age _____ years

7. Birth date of July 4, 1864
deceased (mo., day, yr.)

8. AGE: Years 83 Months 07 Days 12 If less than one day _____ hrs. _____ min.

9. Birthplace Woodville, Va.
(Town, county, and state)

10. Usual occupation Housewife (never lived)

11. Industry or business Over home (with niece)

12. Name Marshall Davis

13. Birthplace Culpepper Co., Va.

14. Maiden name Katie Majors

15. Birthplace Rapahannock Co., Va.

16. Informant Maurine D. Carter (niece)

Address 2257 Shannon Ave N.W. D.C.

17. Removal Date thereof Feb. 16, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory _____

Location Washington, D.C.

18. Funeral director Robert S. McQuinn

Address 1870-9th St. N.W. Wash, D.C.

19. 2/16 48 Amanda Doney
(Date rec'd by registrar) (month) (day) (year) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Pierce George
City or town W. Brentwood
(If outside city or town limits, write RURAL and give nearest town)
Street No. 3906 Webster Street
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH February 16, 1948 at 11:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11-23-47 to 2-16-48 19 48

and that I last saw her alive on 2-16-48 19 48

Immediate cause of death Uremic Toxemia

Other conditions _____ DURATION _____

Due to Nephritis 4-5 yrs.

Due to Arterio Sclerosis 6-8 yrs.

High Bl. Pressure - Thick 2-6 yrs.

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE A. J. Spiller M.D.

Address Brentwood Md. M. D. or other _____

Date signed 2-16-48

RECEIVED

FEB 18 1948

BUREAU V. S.

RECEIVED

FEB 18 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01946

Reg. Dist. No. 243

1. PLACE OF DEATH:

County Prince Georges
 City or town Glenn Dale, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 month, 11 days
 Hospital, institution, or street address where death occurred:
Glenn Dale Sanatorium
 How long in hospital or institution? 1 month, 11 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State D. C. County _____
 City or town Washington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 1272 Owen Place, N. W.
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

SYKES, REUBEN

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single
 6. (b) Name of husband or wife _____
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) August 16, 1889
 8. AGE: Years 58 Months 5 Days 29 If less than one day _____ hrs. _____ min.

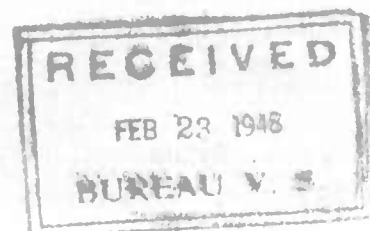
9. Birthplace Norfolk, Virginia
 (Town, county, and state)
 10. Usual occupation Carpenter
 11. Industry or business _____
 12. Name Reuben J. Sykes
 13. Birthplace Norfolk, Virginia
 14. Maiden name Alice Hodges
 15. Birthplace Norfolk, Virginia

16. Informant Deceased
 Address _____
 17. Burial Date thereof Feb 17, 1948
 (Burial, cremation, or removal, which?) (month) (day) (year)
 Cemetery or crematory Cedar Hills
 Location Prince George's County, Maryland
 18. Funeral director S. N. Hines Co
 Address 2901-14th St. N.W. Wash. D.C.
 19. Feb. 14, 1948 Rowland S. Phillips
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/14/48 at 5:10 A.M.
 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 11/2/48 to 2/14/48
 and that I last saw him alive on 2/14/48
 Immediate cause of death Pulmonary Tuberculosis DURATION 3 yrs
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings of operations _____ Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____
 23. SIGNATURE Daniel Leo Pinucan MD M. D. or other _____
Glenn Dale MD Address _____ Date signed 2/14/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13/a

01947

CERTIFICATE OF DEATH

Reg. Dist. No. 242.

1. PLACE OF DEATH:

County Prince George's
 City or town Dupont Heights
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 years
 Hospital, institution, or street address where death occurred:
910 Spauldings Ave
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Prince George's
 City or town Dupont Heights
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 910 Spauldings Ave
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Mary J. Tabbs

3. (b) Social Security Number

4. Sex Female 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife Robert H. Tabb
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years 79 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Raleigh, N. C.
 (Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

FATHER 12. Name Unknown
 13. Birthplace Unknown
 MOTHER 14. Maiden name Unknown
 15. Birthplace Unknown

16. Informant Thorn Pratt
 Address 467 N Strret N. W., Wash, D.C.

17. Burial Date thereof Feb. 21-1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Mt Calvary Catholic
 Location Forestville Prince George Md.

18. Funeral director Henry S. Washington & Sons
 Address 467 N St. N.W. Wash DC
Feb. 20 48 Carrie F. Campbell
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 18, 1948 at 7:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19_____, to _____ 19_____, and that I last saw him _____ alive on _____ 19_____.

Immediate cause of death Congestive heart failure DURATION _____

Due to Cardiovascular renal disease

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

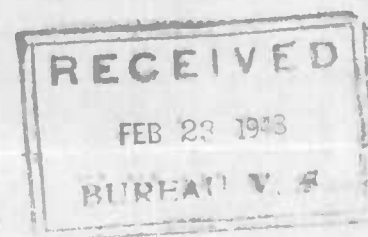
Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

Deputy Medical Examiner

23. SIGNATURE James S. T. Long M. D. or other _____

Address Forestville, Md. Date signed 2/20/48



RECEIVED

FEB 25 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

County Prince Georges Co

City or town Hyattsville Md

How long in above place of death? 25 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

William Washington Ware

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Helen Ware

7. Birth date of

deceased (mo., day, yr.)

April 25, 1874

8. AGE:

Years 73

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Maryland (Town, county, and state)

10. Usual occupation

Retired Southern Railway clerk

11. Industry or business

John Ware

MOTHER

FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. Feb 12 48 James Severy

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

For newborn infants give residence of mother

State Md

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

No.

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 11 1948 at 9:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 28 1948 to Feb. 11 1948

and that I last saw him alive on Jan. 30 1948

Immediate cause of death

Coronary occlusion

Due to Coronary disease

Due to Arteriosclerosis

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Signature Thomas J. Kelly, M.D.

Address 4001 S. Dakota Ave., N.E. Date signed 2-11-48

RECEIVED

FEB 16 1948

RECEIVED

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 019503 243

1. PLACE OF DEATH:

County... Prince Georges
City or town... Glenn Dale, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 28 days
Hospital, institution, or street address where death occurred:
Glenn Dale Sanatorium
How long in hospital or institution? 28 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State... D. C. County...
City or town... 510 D. Street, N. E., Washington
(If outside city or town limits, write RURAL and give nearest town)
Street No... 510 D. Street, N. E.
(If rural, give LOCATION)
2.(a) If veteran, name war...

3. (a) FULL NAME

(WILLIMENIA) ANN WASHINGTON

3. (b) Social Security Number

4. Sex Female 5. Color or race Negro 6.(a) Single, married, widowed, or divorced Separated

6.(b) Name of husband or wife Carroll Washington

7. Birth date of deceased (mo., day, yr.) February 26, 1920 6.(c) If alive, give age - years

8. AGE: Year 27 Months 27 Days 11 If less than one day 17 hrs. min.

9. Birthplace Washington, D. C.
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business - -

12. Name William S. Young 13. Birthplace Virginia

14. Maiden name Polly Deane 15. Birthplace Virginia

16. Informant Deceased

Address

17. Removal Date thereof Feb. 13, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Location to Washington, D.C.

18. Funeral director Trayner General Home Inc.

Address 387 R.D. Ave NW

19. Feb. 13, 1948 Rowland S. Phillips Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH FEB. 12 1948 at 7:50 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from JAN. 14 1948 to FEB. 12 1948 and that I last saw her alive on FEB. 12 1948

Immediate cause of death Pulmonary Tuberculosis DURATION 5 mo.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of injury Injured at work?

23. SIGNATURE Daniel Leo Finckes M.D.

Address Glenn Dale, Md. Date signed 2/12/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 2 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01951

Reg. Dist. No. 231

1. PLACE OF DEATH:

County... Prince George's
City or town... Fairmount Heights
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 7 months
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State... Maryland County... Prince George's
City or town... Fairmount Heights
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1016 58th ave
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Irene Weeks

3. (b) Social Security Number

4. Sex female 5. Color or race colored 6.(a) Single, married, widowed, or divorced Seperated
6.(b) Name of husband or wife Robert Weeks
7. Birth date of deceased (mo., day, yr.) 1892
8. AGE: Years 56 Months Days If less than one day hrs. min.

9. Birthplace Virginia
(Town, county, and state)
10. Usual occupation Domestic work
11. Industry or business
12. Name Albert Mosby
13. Birthplace unknown
14. Maiden name Adelaine
15. Birthplace Unknown

16. Informant Mr George Weeks
Address Fairmount Heights Md.
17. Removal Date thereof Feb 11, 1948
(Burial, cremation, or removal. Which?)
Cemetery or crematory Melvin & Echey Funeral Co
Location 445 Elean ave. Wash. D.C.
18. Funeral director L. G. G. sons
Address Hyattsville Md.
19. 2/11 19 48 Amanda Downey
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

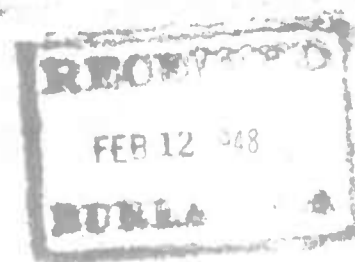
20. DATE OF DEATH Feb 10 19 48 at 3:45 p.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
and that I last saw h... alive on...
Immediate cause of death Acute congestive heart failure
Cardiovascular renal disease
Due to...
Other conditions...
(Include pregnancy within 3 months of death)
Major findings of operations...
Autopsy results...
PHYSICIAN: Please underline the cause to which death should be charged statistically.
22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide... Date of...
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Repetitive mechanical hammer *Injured at work?
23. SIGNATURE James D. G. G. M.D. or other
Address Freshville Md. Date signed 2-11-48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

190

01952

CERTIFICATE OF DEATH

Reg. Dist. No. 230

1. PLACE OF DEATH:

County..... Prince Georges Maryland
 City or town..... Beltsville Maryland
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Christie Amelia Wheat

4. Sex

female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

widowed6. (b) Name of husband or wife..... Edgar Wheat

7. Birth date of deceased (mo., day, yr.)

Oct 27, 1861

8. AGE:

Years

Months

Days

If less than one day

86

hrs.

min.

9. Birthplace.....

Illinois

(Town, county, and state)

10. Usual occupation.....

at home

11. Industry or business

FATHER

12. Name

Henry Baylor

13. Birthplace

New Jersey

MOTHER

14. Maiden name

Mary Sanders

15. Birthplace

New Jersey

16. Informant.....

Ruby G. Elliott

Address

Spring Lake Park Rockville Md.

17. Burial (Burial, cremation, or removal. Which?)

Date thereof

Mar 1, 1948
(month) (day) (year)

Cemetery or crematory.....

St Johns Cemetery
Beltsville Md.

Location

18. Funeral director.....

F. Gasch's Sons

Address

Hyattsville Md.

19.

MARCH 15 1948
(Date rec'd by registrar)John D Smith
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince GeorgesCity or town..... Beltsville Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Feb 27 1948 at 3:00 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19..... to..... 19.....

and that I last saw h..... alive on..... 19.....

Immediate cause of death.....

Shock

Due to.....

Exposure to cold

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Accident Date about 2-26-48

Where did injury occur?.....

Beltsville Md
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Home

Means of injury.....

In home with no help

23. SIGNATURE.....

Deputy medical examiner
M. D. or other

Address.....

Forestville Md Date signed 2-29-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 3 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01953

Reg. Dist. No. 298

1. PLACE OF DEATH:

County Prince George's
 City or town Baltimore Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 yr.
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Prince George's
 City or town Baltimore Md
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 3903 - N. Talbott Ave
 (If rural, give LOCATION)
 2. (a) If veteran, name war.

3. (a) FULL NAME

William J. White Sr.

3. (b) Social Security Number

4. Sex M 5. Color or race White 6. (a) Single, married, widowed, or divorced Widow6. (b) Name of husband or wife Annie L. White 6. (c) If alive, give age _____ years7. Birth date of deceased (mo., day, yr.) Nov 1st 18608. AGE: Years 87 Months 2 Days 3 If less than one day _____ hrs. _____ min.9. Birthplace New Jersey
(Town, county, and state)10. Usual occupation Retired

11. Industry or business

12. Name Peter White13. Birthplace Ireland14. Maiden name Isabella Kane15. Birthplace Ireland16. Informant Mary T. HyblumAddress 3903 - N. Talbott Ave.17. Removal Removal Date thereof Feb 4 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Location 641 - H St NE near Hyblum St18. Funeral director Funeral HomeAddress 641 - H St N.E.19. Feb 4 19 48 James Sevey
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7:15 AM Feb 4 19 48 at 7:15 AM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11 PM 3 Feb 1948 to 7:15 AM 4 Feb 1948 and that I last saw him alive on 3 Feb 19 48

Immediate cause of death

cardio-respiratory
paralysis
 Due to Cerebro-vascular
accident
 Due to Generalized arteriosclerosis
with hypertension

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results N.D.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Harry F. Roefes M.D.Address 3827 - 34th St. M.D. or otherDate signed Feb 4, 1948

RECEIVED
FEB 7 1948
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01954

131a

Reg. Dist. No. 231

1. PLACE OF DEATH:

County Prince Georges
 City or town Capitol View
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges
 City or town Capitol View
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Susie Williams

3. (b) Social Security Number

4. Sex Female 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife Arthur Williams
 7. Birth date of deceased (mo., day, yr.) 1908
 8. AGE: Years 40 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Maryland
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business Own home
 12. Name Richard Bear
 13. Birthplace Maryland
 14. Maiden name Hattie Johnson
 15. Birthplace Maryland

16. Informant Josie Williams
 Address Capitol View, Md
 17. Removal Date thereof 2/17/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory _____
 Location Washington, D.C.
 18. Funeral director MALONE + SKEY INC.
 Address 424 - R St. NW.

19. 2/17 19 48 Theresa Doreney
 (Date recd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 16 19 48 at 7⁴⁵ P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____, 19 _____, 19 _____
 and that I last saw him _____ alive on _____ 19 _____

Immediate cause of death Congestive heart failure
cardiovascular renal disease
 Due to _____
 Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

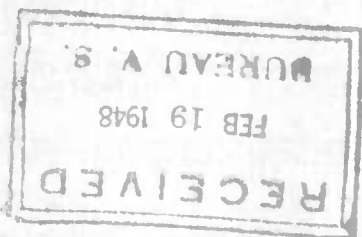
Major findings of operations _____
 _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE James Deputy Medical Examiner
Freshville Md M. D. or other _____
 Address _____ Date signed 2-17-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 232

01955

1. PLACE OF DEATH:

County Prince George'sCity or town Upper Marlboro
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

Mc Carey Farm

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince George'sCity or town Upper Marlboro
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Barbara Cecelia Windsor

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife

6.(c) If alive, give age..... years

7. Birth date of

deceased (mo., day, yr.)

Dec 31, 1947

8. AGE:

Years

Months

Days

If less than one day

120

hrs.

min.

9. Birthplace

Washington DC
(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER

12. Name

William Windsor

13. Birthplace

Maryland

14. Maiden name

Margaret Simpson

15. Birthplace

Maryland

16. Informant

William Windsor

Address

Upper Marlboro, Md

17.

Burial

Date thereof

2-25-48
(month) (day) (year)

Cemetery or crematory

Prince Georges Co. Burial Home

Location

Fitchville, Md

18. Funeral director

Fitchville Brothers

Address

Upper Marlboro, Md

19.

Feb 24 48

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 20 19 48, at 200 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

.....19....., 10.....19.....

and that I last saw h..... alive on.....19.....

Immediate cause of death

ToxemiaCytotonicDue to Persistent and recurrentvomiting

Due to.....

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

Reputly medical

23. SIGNATURE

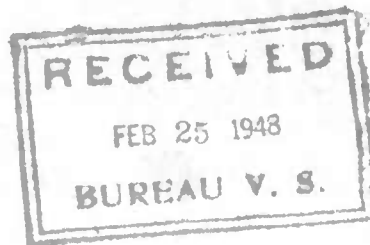
James R. FitchAddress Fitchville, MdDate signed 2-20-48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

01956

245

1. PLACE OF DEATH:

County Prince Georges
 City or town Riverdale Ind.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 days 21 hrs
 Hospital, institution, or street address where death occurred:
Belair Memorial Hospital
 How long in hospital or institution? 3 days 21 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges
 City or town Washington, D.C.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 1900 Queens Chapel Rd
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Baby Gil Wright

3. (b) Social Security Number

4. Sex Fe 5. Color or race Wh 6.(a) Single, married, widowed, or divorced infant
 6.(b) Name of husband or wife.....
 7. Birth date of deceased (mo., day, yr.) February 10, 1948
 8. AGE: Years Months Days If less than one day
3 21 hrs. min.

9. Birthplace Riverdale (Prince Georges) Maryland
 (Town, county and state)

10. Usual occupation

11. Industry or business

12. Name Mr. Joseph Hardy Wright
 13. Birthplace Greenville, Virginia
 14. Maiden name Anna Mae Augustine
 15. Birthplace Riverdale Ind.

16. Informant Mr. Joseph Hardy Wright
 Address 900 Queens Chapel Rd. N.E. Washington

17. Burial Date thereof Feb 16, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Evergreen
 Location Bladensburg Ind

18. Funeral director F. Gascia some
 Address Hyattsville Ind.

19. 2/16 48 Amanda Downey
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 14 19 48 at 12 45 P. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 10 19 48, to February 14 19 48, and that I last saw him alive on February 14 19 48.

Immediate cause of death

Cardiac decompensation

DURATION

Due to Congenital atresia of
 Due to right Ventricle
 Other conditions Autopsy by Col. Cornell

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.....
 Autopsy results Congenital atresia of right Ventricle
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: if death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....
 Where did injury occur?.....
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?

23. SIGNATURE Bowland F. Mckinnon MD
 Address 4404 Queensbury Rd Date signed 2/14/48
Riverdale Ind

